

FILED OCT 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35775

BIRTH NO. _____ REG. DIST. NO. 367 PRIMARY REG. DIST. NO. 4531 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, write RURAL and give township) Warrenton		c. LENGTH OF STAY (in this place) 4 Yrs	c. CITY OR TOWN Hermann
d. FULL NAME OF HOSPITAL OR INSTITUTION KATIE JANE NURSING HOME		STREET ADDRESS (If rural, give location) 124 West 2nd St	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) SUSAN	b. (Middle) M. ANDREAS	c. (Last) STOEPPELMANN	(Month) 10-	(Day) 14	(Year) 1955

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 4-9-1869	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 6 Days 5	IF UNDER 24 HRS. Hours 5 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY Housekeeping	11. BIRTHPLACE (City and State or Foreign Country) Berger RFD Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Charles J.F. Andreas	13b. MOTHER'S MAIDEN NAME Clarinda L. Tugel	14. NAME OF HUSBAND OR WIFE William Stoeppelmann (Dec)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Melvin Tugel Berger, Mo	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 hr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion acute		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis that arose very DUE TO (c) generalized arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4200			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **8-19, 1957, to 10-14, 1955**, that I last saw the deceased alive on **10-11, 1955** and that death occurred at **6:00A m.** from the causes and on the date stated above.

23a. SIGNATURE <i>Paul H. Blumer</i>	(Degree or title)	23b. ADDRESS W. Quentin Ave	23c. DATE SIGNED 10-15-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-16-55	24c. NAME OF CEMETERY OR CREMATORY St. John's E&R Cemetery	24d. LOCATION (City, town, or county) (State) Berger Mo
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DATE REC'D BY LOCAL REG. Oct 17, 1955	REGISTRAR'S SIGNATURE <i>Floyd Logan</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Paul H. Blumer</i>	ADDRESS Berger Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10904

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Robert M. Murray*.....

Licensed Embalmer No. *37496*.....

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.