

Health, Welfare, Public Services
 300-1-56
 diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

26598

FILED JUL 16 1957

STATE FILE NUMBER 4473

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	c. CITY OR TOWN
<u>22</u> <u>ST ANTHONY HOSP.</u>		<u>27</u>	<u>4870</u> <u>LEMAY</u>
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First	Middle	Last	Month Day Year
<u>GARY</u>	<u>STANLEY</u>	<u>STEGMANN</u>	<u>MAY - 9 - 1957</u>
5. SEX	6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH
<u>MALE</u>	<u>WHITE</u>	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	<u>MAY - 7 - 1957</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday)
<u>NONE</u>		<u>NONE</u>	<u>0</u>
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
<u>STANLEY STEGMANN</u>		<u>MARY LOUISE MATHEIS</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address
<u>NO</u>		<u>NONE</u>	<u>MR STANLEY STEGMANN 1040 WACHTEL LEMAY 23 Mo.</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Draination</u>			<u>36 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
DUE TO (b) <u>Prematurity</u>			
DUE TO (c) <u>Premature Parental Separation</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
	<u>761.5</u>		
20c. TIME OF INJURY Hour a. m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <u>5-7-57</u> to <u>5-9-57</u> and last saw her/him alive on <u>5-9-57</u> Death occurred at <u>9 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title)		22b. ADDRESS	22c. DATE SIGNED
<u>Robert A. Brennan M.D.</u>		<u>3606 Dennis</u>	<u>5-10-57.</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<u>BURIAL</u>	<u>MAY-10-1957</u>	<u>--- Hope Perm.</u>	<u>--- St. Louis Co., Mo.</u>
24. FUNERAL DIRECTOR ADDRESS		25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
<u>FEY FUNERAL HOME, MEHRVILLE Mo.</u>		<u>MAY 10 '57</u>	<u>J. Earl Smith, M.D.</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

(Not Embalmed)
By Saul [Signature]
Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.