

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 16 1957

34189
STATE FILE NUMBER 7981

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Lemay	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION De Paul Hospital		Length of stay in 1b 1 day		d. STREET ADDRESS 724 Cumberland Dr.	
3. NAME OF DECEASED (Type or print) Carl		First Carl		Last STIEBEL	
4. DATE OF DEATH Aug. 23, 1957		Month Aug. Day 23 Year 1957			
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 22, 1901	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) stationary engineer		10b. KIND OF BUSINESS OR INDUSTRY US Post Office		11. BIRTHPLACE (City and state or country) Neurenberg, Germany	
13. FATHER'S NAME Michael Stiebel			14. MOTHER'S MAIDEN NAME Margaret Felner		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes 1918-1922		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address Estelle Stiebel, 724 Cumberland Dr.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Occlusion DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH 2 d 2 d
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 checked="" type="checkbox"/> NO <input 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.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
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 Aug 22 '57 to Aug 23 '57 and last saw her alive on Aug 23 '57 Death occurred at 11 John on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) M. Cecilia Reichert, M.D.		22b. ADDRESS 539 N. Grand Blvd.		22c. DATE SIGNED 8/26/57	
23a. BURIAL OR CREMATION REMOVAL (Specify)		23b. DATE 8-27-57		23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cem	
				23d. LOCATION (City, town, or county) (State) Lemay 23, Mo.	
24. FUNERAL DIRECTOR ADDRESS Fendler Und. Co., 7420 Michigan		25. DATE RECD. BY LOCAL REG. AUG 26 '57		26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	

Dr. M. C. Reichert
401 Humbolt Bldg.
2 till 4 Mon.

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 *W. G. Peterson*

Licensed Embalmer No. 37

P. O. Address 7/20th

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.