

Securing the medical certification in the specific manner required by 193.140 MoRS 1949.

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED FEB 4 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

47661
STATE FILE NUMBER
12610

Registration District No. 318 Primary Registration District 1003

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		c. CITY OR TOWN		d. STREET ADDRESS	
St. Louis Mo.		Lemay		1801a Telegraph	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH		5. AGE (In years last birthday)	
AGATHA STIEFVATER		Dec. 27, 1957		78	
5. SEX	6. COLOR OR RACE	7. MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
F	W	<input checked="" type="checkbox"/> NEVER MARRIED	Mar. 3, 1879	78	Housework
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY?	
Housework		At Home	St. Louis Mo.	USA	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Jos. Kerner			Elizabeth ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If not, give year or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address		
None		488-09-174LB	Helen Dyer 328 Carthage		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) 4200F PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Fracture left hip - with surgery.					INTERVAL BETWEEN ONSET AND DEATH 3 hrs
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) fell off bottom step stairs in home		20c. TIME OF INJURY 3 p.m. 12 19 57			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 27 home		20f. CITY, TOWN, OR LOCATION COUNTY STATE Lemay St. Louis Mo	
21. I attended the deceased from 12-19-57 to 12-27-57 and last saw her alive on 12-27-57 Death occurred at 11:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Leo Amendes MD		22b. ADDRESS 1900 Telegraph Riviera Mo		22c. DATE SIGNED 12-30-57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY	
Removal		12/31/57		Resurrection Cem.	
23d. LOCATION (City, town, or county) (State)		24. FUNERAL DIRECTOR ADDRESS			
St. Louis Co. Mo.		Fendler Und. Co. 7420 Michigan			
25. DATE RECD. BY LOCAL REG. DEC 30 57		26. REGISTRAR'S SIGNATURE Leo Amendes MD			

Dec. 27, 1927
 St. Louis, Mo.
 Housework
 No. 376
 P. O. Address 7420
 Signature of Student Embalmer
 Signed W. G. Peterson
 Licensed Embalmer No. 376

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. 376
 P. O. Address 7420

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