

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007867
State File No.

FILED MAR 5 - 1958

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2073**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MINNESOTA b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MINNEAPOLIS	
c. LENGTH OF STAY (in this place) 7 mo		d. STREET ADDRESS (If rural, give location) 33 3829 BLOOMINGTON	
d. FULL NAME OF HOSPITAL OR INSTITUTION HAMILTON Convalescent Home			

3. NAME OF DECEASED (Type or Print) a. (First) DANIEL b. (Middle) HENRY c. (Last) STIENSTRA			4. DATE OF DEATH (Month) (Day) (Year) FEB. 18 1958		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH 6-21-1879			9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED
11. BIRTHPLACE (State or foreign country) Holland			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME JOHN STIENSTRA		13b. MOTHER'S MAIDEN NAME CATHERINE WESTERA MINNIE		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 468-07-4797		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Minnie Stienstra 906 HAMILTON ST. LOUIS, MO.	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 5 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)			
		DUE TO (c)		420.1	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Arteriosclerotic Heart Disease			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Oct 1, 1957**, to **2-18, 1958**, that I last saw the deceased alive on **2-18-58, 1958**, and that death occurred at **8:30 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE Edward J. Berger		(Degree or title) M.D.		23b. ADDRESS 155th Kensington	
23c. DATE SIGNED 2-19-58		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/18, 1958	
24c. NAME OF CEMETERY OR CREMATORY MASCOUTAH CITY CEM.		24d. LOCATION (City, town, or county) (State) MASCOUTAH, ILL.		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Daniel W. McCall Mascoutah Ill	
DATE REC'D BY LOCAL REG. FEB 21 1958		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Daniel W. McCall Mascoutah Ill	

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.....

Not Embalmed

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed *Daniel J. Moll*

Licensed Embalmer No. *Inc # 4864*

P. O. Address *Mascontah, Ga.*

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 this body is not embalmed, fact should be so stated above.