

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-030993  
STATE FILE NUMBER 7596

Health,  
& Welfare  
Public  
Service

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

1. PLACE OF DEATH  
a. COUNTY  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI Inside Limits Yes  No   
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL Length of stay in lb 0  
d. STREET ADDRESS (If outside, give location) 429 Somerset Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last MARY JANE STEIDEMANN  
4. DATE OF DEATH Month Day Year AUGUST 4, 1958

5. SEX female 6. COLOR OR RACE white 7. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED   
8. DATE OF BIRTH Feb. 17, 1920 9. AGE (In years last birthday) 38 F UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home 10b. KIND OF BUSINESS OR INDUSTRY housewife 11. BIRTHPLACE (City and state or country) St. Louis, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Walter B. Donnell 13b. MOTHER'S MAIDEN NAME Mae Mathews 14. NAME OF HUSBAND OR WIFE Rev. Arthur R. Steidemann

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. - 17. INFORMANT Address Rev. Arthur R. Steidemann 429 Somerset

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) UREMIA  
DUE TO (b) INTRACAPILLARY GLOMERULOSCLEROSIS  
DUE TO (c) DIABETES MELLITUS  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
INTERVAL BETWEEN ONSET AND DEATH 3 YEARS, 10 YEARS, 20 YEARS  
19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT SUICIDE HOMICIDE    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  NOT WHILE AT WORK  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 JULY 1, 1958 to AUG. 4, 1958 and last saw her alive on AUG. 4, 1958  
Death occurred at 4:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Name and title) M. P. D. 22b. ADDRESS BARNES HOSPITAL 22c. DATE SIGNED 8/4/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation 23b. DATE 8-6-58 23c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory 23d. LOCATION (City, town, or country) (State) St. Louis Co., Mo.

24. FUNERAL DIRECTOR C. R. Lupton & Sons ADDRESS 7233 Delmar Blvd. 25. DATE RECD. BY LOCAL REG. AUG 4 '58 26. REGISTRAR'S SIGNATURE J. Carl Smith M.D. m&B.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300  
1-57

FILED SEP 15 1958

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 .....

*Not embalmed*

Signature of Student Embalmer

Signed .....

*C. R. Lupton & Sons*  
*H. Lupton*

Licensed Embalmer No. ....

P. O. Address .....

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.