

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019671
State File No.

2 5232
Registrar's No.

FILED JUN 11 1959
BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

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	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 11 hr.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital			
4. STREET ADDRESS 7826 Pennsylvania			

3. NAME OF DECEASED (Type or Print)		a. (First) Meta Twin (B)	b. (Middle) Ruth	c. (Last) Stiegemeier	4. DATE OF DEATH (Month) (Day) (Year) 5 - 30 - 59		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) infant		8. DATE OF BIRTH 5-30-59	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Robert Frederick Stiegemeier		13b. MOTHER'S MAIDEN NAME Elizabeth Charlotte Clifton		14. NAME OF HUSBAND OR WIFE infant	
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. none		17. INFORMANT'S SIGNATURE OR NAME Elizabeth Stiegemeier	
				ADDRESS 7826 Pennsylvania	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ataxstasis		ANTECEDENT CAUSES				
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) Prematurity (31 weeks)	
					DUE TO (c)	
		II. OTHER SIGNIFICANT CONDITIONS			762.5	
		Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? <input checked="" type="checkbox"/>	
					YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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 **5-30-**, 19 **59**, to **5-30-**, 19 **59**, that I last saw the deceased alive on **5-30-59**, 19 **59**, and that death occurred at **8:00 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Keogh R. Smith M.D.		23b. ADDRESS 100 N. Euclid		23c. DATE SIGNED 5-31-59	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE June 2, 1959		24c. NAME OF CEMETERY OR CREMATORY Mount Olive Cemetery	
				24d. LOCATION (City, town, or county) (State) 3906 Mt. Olive Rd. Lemay, Mo.	

DATE REC'D BY LOCAL REG. JUN 1 '59		REGISTRAR'S SIGNATURE Keogh R. Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister Mortuaries	
				ADDRESS 7814 S. Broadway	

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

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.....

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.

Not Embalmed
John Strubbe