URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–034704

FILED VS SEP 22 1959

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2468

ENDED

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights — Length of stay in 1b: 13 Weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital — Inside Limits Yes # No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY St. Louis
c. CITY OR TOWN Bridgeton — Inside Limits Yes ☐ # No ☐
d. STREET ADDRESS (If outside, give location) 4670 Lindberg — Reside on Farm Yes ☐ No #

3. NAME OF DECEASED (Type or print) First: Bernadette Middle: M. Last: Stein

4. DATE OF DEATH Month Day Year: Sept. 13, 1959

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed # Divorced ☐
8. DATE OF BIRTH: Nov. 7 1922
9. AGE (last birthday): 36 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: 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): Jefferson County Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Anton Reuther
13b. MOTHER'S MAIDEN NAME: Gertrude Klahs
14. NAME OF HUSBAND OR WIFE: The Late Wendell Stein

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Frieda Bastean — Address: 1165 St. Pierre

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Generalized Sarcoma — INTERVAL BETWEEN ONSET AND DEATH: 8–9 Mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown

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 a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ 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 March 1959, to 9-13-59 and last saw her/him alive on 9-13-59
Death occurred at 10 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Erwin T. Huber, MD.
22b. ADDRESS: 111 So Meramec
22c. DATE SIGNED: 9-14-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-16-59
23c. NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery
23d. LOCATION (City, town, or county) (State): Bridgeton Mo.

24. FUNERAL DIRECTOR: Collier Mortuary, St. Ann, Mo. — ADDRESS
25. DATE RECD. BY LOCAL REG.: 9-14-59
26. REGISTRAR'S SIGNATURE: Leo C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

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 Shelton Collier

Licensed Embalmer No. 3382

P. O. Address St. Ann. 2

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