

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-019508

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4997** STATE FILE NUMBER

1. PLACE OF DEATH
 a. COUNTY Missouri b. COUNTY
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b --
 c. CITY OR TOWN **St. Louis** Inside Limits Yes No
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **7022 Nashville Ave.** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **7022 Nashville Ave.** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **ABBIE LORIE STIERMANN** 4. DATE OF DEATH Month Day Year **May 26, 1961**
 5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **Mar 16 1877** 9. AGE (last birthday) **84**
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **at home** 10b. KIND OF BUSINESS OR INDUSTRY **at home** 11. BIRTHPLACE (City and state or country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY **USA**
 13a. FATHER'S NAME **Albert T. Flint** 13b. MOTHER'S MAIDEN NAME **Abbie Elizabeth Brown** 14. NAME OF HUSBAND OR WIFE **Charles H. Stiermann**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give war or dates of service) **none** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT **St. Louis, Missouri**
Charles H. Stiermann, 7022 Nashville

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **CEREBRAL VASCULAR ACCIDENT** INTERVAL BETWEEN ONSET AND DEATH **2 4 MINUTES**
 DUE TO (b) _____
 DUE TO (c) **331x**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
MYOCARDIAL INSUFFICIENCY
 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 **3-23-61** to **3-25-61** and last saw her alive on **3-25-61**
 Death occurred at **(3-26-61) 3:25 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **William R. Bean M.D.** 22b. ADDRESS **7200 MANCHESTER** 22c. DATE SIGNED **5-26-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Cremation** 23b. DATE **May 29, 1961** 23c. NAME OF CEMETERY OR CREMATORY **Oak Grove Crematory** 23d. LOCATION (City, town, or county) (State) **St. Louis County, Mo.**

24. FUNERAL DIRECTOR ADDRESS **C.R. LUPTON & SONS, 7233 Delmar Blvd.** 25. DATE RECD. BY LOCAL REG. **MAY 27 1961** 26. REGISTRAR'S SIGNATURE **Loed Smith, M.D.**

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

Dr. Wm. R. Green
7200 Manchester
L 1:30 - 3:30 PM Fri

City Vise

after 9:00 a.m.

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 *Clarence H. Murr*

Licensed Embalmer No. *4011*
P. O. Address *St. Louis*

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.