

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

30506

1. PLACE OF DEATH

79 County Brunswick Registration District No. 1161
Township St. Marys Primary Registration District No. 5881A
City York, Mo. (No.) St. Ward)

2. FULL NAME

Mrs. Henrietta Stiegemeier
(a) Residence, No. York St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry Stiegemeier</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 4, 1858</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>11</u>
	DAYS <u>8</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
FATHER	13. NAME <u>Gottlieb York</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>A. Birkenmeier</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>Sept 16, 1933</u>		
19. UNDERTAKER <u>H. Ledner Chgo. Ill.</u> (ADDRESS) <u>11417 N. Market St.</u>		
20. FILED <u>Oct 25, 1933</u> <u>Helen Edmond</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1933 to Sept. 12, 1933
I last saw her alive on Sept 10, 1933. Death is said to have occurred on the date stated above, at 12 P. m.
The principal cause of death and related causes of importance were as follows:
Uremic Coma Date of onset Sept. 12, 33
131-
132 B
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Other contributory causes of importance:
Indurated nephritis

Name of operation none Date of
What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury, 19.....
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Goodbook, M. D.
(Address) 1807 No 9th St. Louis Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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