

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

Do not use this space.

JUN 6 1936

21413

1. PLACE OF DEATH

County.....

Registration District No. **791**

File No.

Township.....

Primary Registration District No. **1003**

Registered No. **5684**

City **St. Louis** (No.)

Christian Hosp.

St. Ward)

2. FULL NAME

(a) Residence, No. **2832 Burgess St. N.R.** Ward. **Maplewood Mo**
(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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 9 - 1861		
7. AGE 74	YEARS 5	MONTHS 19
		DAYS 19
		IF LESS THAN 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired	
	10. Date deceased last worked at this occupation (month and year) several years ago	11. Total time (years) spent in this occupation.
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ger		
FATHER	13. NAME August Stege	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ger	
MOTHER	15. MAIDEN NAME Florentine Klinder	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ger	
17. INFORMANT Bertha Stegeman (ADDRESS) 2832 Burgess		
18. BURIAL, CREMATION, OR REMOVAL PLACE Under Burial DATE May 31 1936		
19. UNDERTAKER Jay B. Smith Funeral Home (ADDRESS) 745 S. Main St. St. Louis		
20. FILED MAY 29 1936 J. Brebeck Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 28 1936.**

22. I HEREBY CERTIFY, That I attended deceased from **May 27 1936**, to **May 28 1936**
I last saw him alive on **May 28 1936** Death is said to have occurred on the date stated above, at **9:50 p.m.**
The principal cause of death and related causes of importance were as follows:
Acute Infectious Date of onset
to meningitis due to meningitis adhesions of ascending colary canal of which is unknown
Other contributory causes of importance:
Chronic endocarditis, Chronic nephritis, Chr. myocarditis

Name of operation **Laparotomy** Date of **May 27 1936**
What test confirmed diagnosis? **Clinical** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (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) **Clarence Way** M. D.
(Address) **2906 N. Union**

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.

