REC'D MAR 24 1938

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

Do not use this space.

File No. 8171

Registered No. 486

1. PLACE OF DEATH

County: Saint Louis 3 1

Township: Carondelet

City: Jefferson Barracks (No. Veterans Hospital St. Ward)

Registration District No. 784

Primary Registration District No. 200

2. FULL NAME Wilfred STIEGEMEIER 325

(a) Residence, No. 3034 Arlington Avenue St., Ward. Saint Louis, Missouri.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Viola Stiegemeier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 9, 1898

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	40	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bench Hand

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) 3-8-38

11. Total time (years) spent in this occupation 10 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis, Missouri. 0

FATHER

13. NAME John H. Stiegemeier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis Missouri. 0 6

MOTHER

15. MAIDEN NAME Lydia Schacter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Charles County Missouri.

17. INFORMANT (ADDRESS) Act. Clinical Clerk VAF Jefferson Barracks

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cem DATE Mar. 17, 1938

19. UNDERTAKER Drehmann Haral (ADDRESS) 1905 Union Blvd

20. FILED 3-15, 1938 R Maye M.D. D.P.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1938, to March 14, 1938

I last saw him alive on March 14, 1938. Death is said to have occurred on the date stated above, at 8:35A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, acute; type undetermined	Unkn
Myocarditis, chr. with hypertrophy and dilatation (arteriosclerotic heart). Arteriosclerosis, probably generalized, marked, chr. V.H.D. aortic insufficiency.	Unkn.

Other contributory causes of importance: None

Name of operation Date of

What test confirmed diagnosis? Physical and autopsy findings Was there an autopsy? YES

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?

If so, specify

(Signed) C. W. HUGHES, Chief Med. Officer M. D.

(Address) VAF Jefferson Barracks, Mo.

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.

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

X7294

I hereby certify that the body recorded on the reverse side of this certificate was embalmed by me,

Signed Robert M. Sanford, MO. Embalming Licence No: 2273