

REC'D JUN 13 1939

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

19285  
Do not use this space.

1. PLACE OF DEATH  
(a) County Montgomery, Registration District No. 590  
(b) Township Loutre, Primary Registration District No. 0788a  
(c) City Big Spring, Mo. (d) Street No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME August Stiegman,  
(a) Residence, No. Big Spring, Mo. St.   
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Lena Louise Stiegman,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 16 - 1851

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>87</u>	<u>6</u>	<u>16</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ret Farmer,  
9. Industry or business in which work was done, as 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) Unknown (STATE OR COUNTRY) Germany.

FATHER 13. NAME Fredrick Stiegman, 14. BIRTHPLACE (CITY OR TOWN) Unknown. (STATE OR COUNTRY) German.

MOTHER 15. MAIDEN NAME Caroline Kohlesmeyer, 16. BIRTHPLACE (CITY OR TOWN) Unknown. (STATE OR COUNTRY) German.

17. INFORMANT (ADDRESS) John Stiegman  
New Florence, Mo. R 764

18. BURIAL, CREMATION, OR REMOVAL PLACE Big Spring, Mo. DATE May 14, 1939

19. FUNERAL DIRECTOR (NAME) Barney Bailey (ADDRESS) Angerstein

20. FILED May 16, 1939 Blanche Schaller Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1935, to May 12, 1939  
I last saw him alive on May 9, 1939 Death is said to have occurred on the date stated above, at 6 a. m.  
The principal cause of death and related causes of importance were as follows:  
Bronchial pneumonia  
Chronic rheocarditis  
Date of onset 5-9-39  
1938

Other contributory causes of importance: Arteriosclerosis

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Chinidil test 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) James O. Helton, M. D.  
(Address) New Florence, 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.

WHITE PEARL, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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**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 .....

Registered Apprentice No. ...., working under my personal supervision.

Signed .....

Licensed Embalmer No. ....

P. O. Address .....

**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 this body is not embalmed, above space should be left blank.**