REC'D JUN 14 1939

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

Do not use this space.

File No. 19614

Registered No. 74

Registration District No. 757

Primary Registration District No. 3036

1. PLACE OF DEATH

County St. Charles

Township

City St. Charles (No. 514 Morgan St. St. 3d Ward)

2. FULL NAME Louis William Stiegemeier

(a) Residence, No. 519 Morgan St., 3d Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 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	single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15 — 1911

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	27	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) X

11. Total time (years) spent in this occupation X 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Friedens St. Charles Co. Mo. 0

FATHER

13. NAME Wm. Stiegemeier 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Co. Mo.

MOTHER

15. MAIDEN NAME Louise Kottmann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs Gus Westermeier
(ADDRESS) St. Charles Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Friedens Cemetery DATE May. 31st, 1939

19. UNDERTAKER Steinbrink's
(ADDRESS) St. Charles, Mo.

20. FILED 5/31, 1939 Clarence G. Hessler
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May. 29th, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1939, to May 28, 1939

I last saw him alive on May 28, 1939. Death is said to have occurred on the date stated above, at 1.40 A. m.

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

	Date of onset
Coma	2 days
Diabetes Mellitus	5 yrs.
5	

Other contributory causes of importance: Diabetic Gangrene of Left Thigh. 1 yr.

Name of operation none Date of

What test confirmed diagnosis? Sugar & Acetone 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) A. P. Erich Schmitz M. D.

(Address) 679

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.