S. No. 2
—11-10-39
v. 5-17-39
I X21492

20

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 17 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

11776

State File No.

Registration District No. 958 Primary Registration District No. 0786C Registrar's No. 15

1. PLACE OF DEATH:

(a) County Montgomery.

(b) ~~City or town~~ 'Rural' Danville Township.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community 52 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Montgomery

(c) City or town New Florence, Mo. RFD 2
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Anna Mary Stiegmann, 325

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Henry Stiegmann,

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan (Month) 21st (Day) 1863 (Year)

8. AGE: Years 77 Months 1 Days 29 If less than one day hr. min.

9. Birthplace Hope, Mo. Gasconade Co. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business

FATHER
12. Name Fredrich Meyerotto,
13. Birthplace Babbenhauson, Prussia. 7
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marie Held,
15. Birthplace Babbenhauson, Prussia. 7
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Heldt
(b) Address McKittrick, Mo. RFD

17. (a) March 22nd 1940 (Burial, cremation, or removal) (b) Date thereof March 22nd-40 (Month) (Day) (Year)
(c) Place: burial or cremation Big Spring, Mo.

18. (a) Signature of funeral director Gordon Baker
(b) Address American

19. (a) March 25-40 (Date received local registrar) (b) Mrs Cora Page (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20th year 1940 hour 11 minute 55 a M.

21. I hereby certify that I attended the deceased from Nov 28 1939, 1939, to March 20, 1940 that I last saw her alive on March 15, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Nephritis with Uremic poisoning	11-20-39
Due to Cerebral Hemorrhage	12-13-40
Due to Chronic Myocarditis	years
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 31	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) NC
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 9 1/2 (Specify type of place)
While at work? (e) Means of injury

23. Signature E. J. T. Anderson (M. D. or other) M.D.
Address Montgomery City Date signed 3/21/40

(Licensed Embalmer's Statement on Reverse Side)

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 D. B. Baker, Registered Apprentice No. _____, working under my personal supervision.

Signed D B Baker

Licensed Embalmer No. 3375

P. O. Address: Americus, Mo.

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.