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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4449

FILED JUN 2 1942 791

Registration District No. Primary Registration District No. 1003

Registrar's No.

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

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17
6

1. PLACE OF DEATH:

(a) County.....

(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)

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

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

2. USUAL RESIDENCE OF DECEASED: ⁹⁶

(a) State Missouri (b) County Saint Louis

(c) City or town Richmond Heights ^{NR}
(If outside city or town limits, write "RURAL")

(d) Street No. 733 1/2 Hoover Avenue
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Lowise Rose Stegemann

3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1942 hour 9 minute 15 a. M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife George P. L. Stegemann 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased June 21 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 20, 1942 to May 21, 1942
that I last saw her alive on May 21, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 11 Days -- If less than one day
hr. min.

Immediate cause of death Broncho pneumonia
Hypertensive Heart Disease
Diabetes mellitus

Due to.....

9. Birthplace Czechoslovakia
(City, town, or county) (State or foreign country)

10. Usual occupation At home

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

11. Industry or business.....

12. Name Raschek

13. Birthplace Unknown ⁹
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown ⁹
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Marie Stegemann

(b) Address 733 1/2 Hoover Avenue

17. (a) Burial (b) Date thereof 5/23/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter and Paul

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd at Concordia Lane

19. (a) MAY 22 1942 (b) J. F. Bradely
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(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?
While at work?..... (Specify type of place) (e) Means of injury..... ⁰

23. Signature J. F. Bradely (M. D. certifier)
Address Raymond Wood Date signed.....

844

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

Signed Edward H. Lockhart
Licensed Embalmer No. 2502
P. O. Address Clayton MD

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, fact should be so stated above.