

No. 2
4-13-40
5-17-39
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DEPARTMENT OF HEALTH
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40571

State File No. _____

FILED JAN - 6 1943

Registration District No. _____

Primary Registration District No. 3016

Registrar's No. 284

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

1. PLACE OF DEATH: *Cole*

(a) County _____

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

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

(d) Length of stay: In hospital or institution *3 da*
(Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME *Marie Stieferman*

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

4. Sex *F* 5. Color or race *W* 6. (a) Single, widowed, married, divorced *single*

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

7. Birth date of deceased *12 - 21 - 1902*
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<i>3</i>	<i>min.</i>

9. Birthplace *Jefferson City, Mo*
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name *Aug. P Stieferman*

13. Birthplace *Osage County*
(City, town, or county) (State or foreign country)

14. Maiden name *Bertrude Dingfield*

15. Birthplace *Osage County*
(City, town, or county) (State or foreign country)

16. (a) Informant *Aug Stieferman*

(b) Address *Barnard mill, Mo*

17. (a) *Burial* (b) Date thereof *12-24-42*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Frankenstein*

18. (a) Signature of funeral director *Buescher Funeral Home*

(b) Address *Jefferson City, Mo*

19. (a) *12-24* (b) *Norma Richter*
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Mo* (b) County *Cole*

(c) City or town *Jefferson City*
(If outside city or town limits, write "RURAL")

(d) Street No. *St Marys Hospital*
(If rural, give location)

(e) If foreign born, how long in U. S. A. *0* years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Dec* day *24* year *1942* hour *2* minute *10 A.M.*

21. I hereby certify that I attended the deceased from *Dec 21*, 19*42* to *Dec 24*, 19*42* that I last saw her alive on *Dec 23*, 19*42* and that death occurred on the date and hour stated above.

Immediate cause of death *Pulmonary Congestion*

Due to *Streptococcal blood 9th month pregnancy developed infant*

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations *159*

Of autopsy _____

Duration _____

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) _____

(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 *3*

23. Signature *J.A. Archer* M. D. or other) _____

Address *Jefferson City, Mo* Date signed *12-24-42*

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..... *Victor Buescher*

Licensed Embalmer No. *3701*

P. O. Address..... *J. C. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.