

ED AUG 23 1943

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2259**

1. PLACE OF DEATH:
 (a) County St. Louis, Mo.
 (b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
7346 Morganford Rd. /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community Life.
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
 (d) Street No. 7346 Morganford Rd.
(If rural, give location)
 (e) Citizen of foreign country? NO. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Elise Stegmann

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, 2 divorced, Widow

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

7. Birth date of deceased April 14th, 1855
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>4</u>	<u>1</u>	hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name ----- Moehlenhoff
 { 13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
 { 14. Maiden name Not known
 { 15. Birthplace Not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Stegmann
 (b) Address 7346 Morganford Rd.,

17. (a) Burial Burial (b) Date thereof 8/18/43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation N. St. Marcus Cem.

18. (a) Signature of funeral director John S. Ziegenfuss
 (b) Address 7027 Gravois Ave.

19. (a) Aug 19 1943 (b) J. F. Budick
(Date received local health officer's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15th
 year 1943 hour _____ minute 8 A. M.

21. I hereby certify that I attended the deceased from Jan 20, 1943
 _____, 19____ to Aug 15, 1943
 that I last saw her alive on Aug 14 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Arterio Sclerosis
 Due to _____
 Due to _____

Other conditions Fracture hip - Jan 20, 1943
(Include pregnancy within 3 months of death)

Major findings: Of operations 1862-150
 Of autopsy 18

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Jan 21, 1943
 (b) Date of occurrence Self in bed
 (c) Where did injury occur Home at 7346
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Morganford.
 While at work? _____
(Specify type of place) (e) Means of injury
 23. Signature H. A. Schmeiser (M. D. or other)
 Address 6819 Gravois Date signed 8/16/43

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

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..... *E. P. Kidwell*
Licensed Embalmer No. *3877*
P. O. Address *7027 Travis*

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.