

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3512 N. 21st. St. /
(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:
(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3512 N. 21st. St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Belle C. Stieferman
(b) If veteran, name war..... (c) Social Security No. None
4. Sex Female 5. Color or race W.
6. (a) Single, widowed, married, divorced, Married
(b) Name of husband or wife Matthew J. Stieferman (c) Age of husband or wife if alive 70 years
7. Birth date of deceased: Sept. 2nd. 1879
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 28th.
year 1946 hour 8.15 minute P. M.
21. I hereby certify that I attended the deceased from 3-7-46 1946 to 3-28-46 1946
that I last saw her alive on 3-25-46 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Ch. Myocarditis

8. AGE: Years Months Days If less than one day
66 6 26 hr. min.

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

9. Birthplace Lynn, Mo. /
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business.....
12. Name James Ferguson
13. Birthplace Lynn, Mo. /
(City, town, or county) (State or foreign country)
14. Maiden name Gistine Maire
15. Birthplace Lynn, Mo. /
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Matthew J. Stieferman
(b) Address 3912 N. 21st. St.
17. (a) Burial (b) Date thereof 4-1-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Suedmeyer & Sons.
(b) Address 3934 N. 20th. St.
19. (a) MAD 3-1946 (b) J. F. Breidick
(Date received for burial) (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).....
23. Signature Elmer J. [unclear] (M. D. or other)
Address 4701 N. 9th St. Date signed 3-30-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
10612

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

Signed G. G. Smithers
Licensed Embalmer No. 3916
P. O. Address 3934 N. 20 St

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.