

FILED JUN 13 1946 STANDARD CERTIFICATE OF DEATH

State File No. 4705

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County St Louis  
 (b) City or town St Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
5618 Morganford  
 (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)

3. (a) PRINT FULL NAME Herman Stiefvater

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Agatha Stiefvater 6. (c) Age of husband or wife if alive 67 years  
 7. Birth date of deceased August 12, 1874  
 (Month) (Day) (Year)

8. AGE: Years 71 Months 9 Days 13 If less than one day hr. min.

9. Birthplace St Peters Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Oiler

11. Industry or business Brewery

12. Name Henry Stiefvater

13. Birthplace Not known Germany  
 (City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known Not known  
 (City, town, or county) (State or foreign country)

16. (a) Informant Agatha Stiefvater

(b) Address 5618 Morganford

17. (a) Burial (b) Date thereof 5/27/46  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St Peter & Paul

18. (a) Signature of funeral director J L Ziegenhein & Sons

(b) Address 7027 Gravois Avenue

19. (a) MAY 26 1946 (b) J. F. Brudeck  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis  
 (c) City or town St Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 5618 Morganford  
 (If rural, give location)  
 (e) Citizen of foreign country? (Yes or No)  
 If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 25  
 year 1946 hour 5 minute 50 A. M.

21. I hereby certify that I attended the deceased from April - 1945 to May 25 1946  
 that I last saw him alive on May 24 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis Duration 1 yr

Due to Chronic Myocarditis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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)

(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) (c) Means of injury

23. Signature Roman J. Thang (M. D. or other) M.D.

Address 4500 VINE ST Date signed 5-25-46

**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..... *W. G. Peterson* .....

Licensed Embalmer No. *3767* .....

P. O. Address *Overland 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, fact should be so stated above.**