V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 11 1947

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 8577

Registration District No. 117 Primary Registration District No. 5436 Registrar's No. 2

**1. PLACE OF DEATH:**

(a) County Gasconade

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

(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 22 years years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Gasconade 37

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

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Meta Stegelmeier

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Female 1

5. Color or race white

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife William Stegelmeier

6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased January (Month) 8 (Day) 1867 (Year)

8. AGE: Years 80 Months 2 Days 9 If less than one day hr. min.

9. Birthplace Bay (City, town, or county) Missouri (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Henry Waldecker 1
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Katherine Peters 1
15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Mrs. Emma Hobein 1

(b) Address Bay, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-19-1947 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cem. St. Louis

18. (a) Signature of funeral director Milford H. H. Winter

(b) Address Owensville Mo.

19. (a) 3/19/47 (Date received local registrar) (b) O. A. Muredwilles (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 17 year 1947 hour — minute — M.

21. I hereby certify that I attended the deceased from 3-10, 1947, to 3-17, 1947; that I last saw her alive on 3-15, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Rt. hemiplegia due to intracranial hemorrhage on hypertensive basis — Duration 1 wk.

Due to

Due to

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

Major findings: Of operations — 8 3 P

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Paul A. Brenner (M. D. or other) MD

Address Owensville, Mo. Date signed 3-17-47

102

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 4-10-42

---

**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 Me

, Registered Apprentice No.

working under my personal supervision.

Signed Mulford H. H. Winter

Licensed Embalmer No. 3835

P. O. Address Owensville 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.**