

Registration District No. _____

Primary Registration District No. **3016**

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

1. PLACE OF DEATH:

(a) County **COLE**
(b) City or town **JEFFERSON CITY, MO.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. MARY'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 WEEKS**
In this community **LIFE**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **COLE**
(c) City or town **R. R. #3 JEFFERSON CITY**
(If outside city or town limits, write "RURAL")
(d) Street No. **LIBERTY TOWNSHIP**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **JOSEPH FRANK STEGEMAN**

3. (b) If veteran, name war **NO** 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 **MRS. ELIA STEGEMAN** 6. (c) Age of husband or wife if alive **56** years
7. Birth date of deceased **MARCH 6, 1887**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 **7** **23** hr. min.

9. Birthplace **TAOS, MO.** (City, town, or county) (State or foreign country)

10. Usual occupation **DULL MILLING CO.**

11. Industry or business _____

MOTHER FATHER { 12. Name **HERMAN STEGEMAN**
13. Birthplace **UNKNOWN**
14. Maiden name **KATHERINE TALKEN**
15. Birthplace **TAOS, MO.**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. EMMA STEGEMAN**

(b) Address **R. R. # 3 JEFFERSON CITY, MO.**

17. (a) **BURIAL** (b) Date thereof **10/31/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **TAOS, MO.**

18. (a) Signature of funeral director *[Signature]*
(b) Address **JEFFERSON CITY, MO.**

19. (a) **10-31-47** (b) *[Signature]*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **OCTOBER** day **29**
year **1947** hour **7** minute **15 A.M.**

21. I hereby certify that I attended the deceased from **Oct. 7, 1947** to **Oct. 29, 1947**
that I last saw him alive on **Oct. 28 (28) 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death *[Handwritten: Meningoencephalitis, Acute Hepatic cirrhosis]*
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) *[Handwritten: none]*

Major findings: Of operations *[Handwritten: Hepatic cirrhosis]*
Of autopsy *[Handwritten: As above]*

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 **0**

23. Signature *[Signature]* M. D. or other **M.D.**
Address **Jefferson City, Mo.** Date signed **10/31/47**

RECEIVED
District Health Officer No. 9,
District File Number
NOV 18 1947
Date Filed

NOV 20 1947

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.....

Melvin L. Janssens....., Registered Apprentice No. *489*,
working under my personal supervision.

Signed.....
Sylvester D. Durr
Licensed Embalmer No. *4321*

P. O. Address.....
Jefferson City, 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.