

FILED JAN 7 1948

Registration District No. 279

Primary Registration District No. 4469

Registrar's No. 68

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE  
(b) City or town STE. GENEVIEVE  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(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 STE. GENEVIEVE 95  
(c) City or town STE. GENEVIEVE /  
(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 NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 12  
year 1947 hour 12 minute 40 A.M.  
21. I hereby certify that I attended the deceased from May 3  
1945 to Dec 12 1947  
that I last saw her alive on Dec 12 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration 1 Day  
Due to Arterial Hypertension 2 yrs  
Cardio-Vascular Renal Disease  
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) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_  
23. Signature Arthur E. ... (M. D. or other) M.D.  
Address Ste. Genevieve MO Date signed 12-12-47

3. (a) PRINT FULL NAME FATHER R. STEIGER

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife EUGENE STEIGER 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased FEB 9 1894  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>10</u>	<u>3</u>	hr. _____ min. _____

9. Birthplace HOWELL CO MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business \_\_\_\_\_

12. Name WILLIAM KINDERER

13. Birthplace MARYLAND  
(City, town, or county) (State or foreign country)

14. Maiden name WILHELMINA DOLL

15. Birthplace ST MARY'S MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Eugene Steiger

(b) Address Ste Genevieve Mo

17. (a) BURIAL (b) Date thereof 12-16-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation STE. GENEVIEVE MO

18. (a) Signature of funeral director Geo. C. ...

(b) Address Ste Genevieve Mo

19. (a) 12-17-47 (b) Dorcas M. ...  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

Health Officer No. 4

License Number 148-9

Date 1-5-48

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 *Les C. Boster*.....

Licensed Embalmer No. 1985

P. O. Address *Sec. Genesee Ave*.....

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.