FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21375

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6074

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: Mo. Pac. 0
(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 Mo. (b) County 200

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5632 Neosho 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 14 0

If yes, name country

3. (a) PRINT FULL NAME Mabel Stiften

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 Harry J. Stiften

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased May (Month) 28 (Day) 1892 (Year)

8. AGE: Years 56 Months 1 Days 9 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER
12. Name Edward Healey
13. Birthplace St. Louis (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Younger
15. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Harry J; Stiften
(b) Address 5632 Neosho St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director C. Hoffmeister Colonial Mortuary
(b) Address 6464 Chippewa St.

19. (a) JUL 8 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1948 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from July 2 1948 to July 7 1948
that I last saw her alive on July 7 1948 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Thrombosis	1 week
Due to Hypertensive cardio-vascular disease	Sev. years
Due to	
Other conditions (Include pregnancy within 3 months of death) 93d	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 Kel B Harrison (M. D. or other) 0
Address 601 Univ Cl Bdg Date signed 7-8-48

WRITE PLAINLY

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. Harrison

WS AUG 10 1960

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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.