

FILED OCT 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35364**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8255**

3

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to City Hospital		d. STREET ADDRESS (If rural, give location) 1717 So. 7th St.	

3. NAME OF DECEASED (Type or Print) a. (First) PAUL	b. (Middle)	c. (Last) STIENHANS	4. DATE OF DEATH (Month) (Day) (Year) Sept. 29, 1950
--	-------------	---------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 23, 1906	9. AGE (In years last birthday) Months Days Hours Mins. 44 7 6
----------------	---------------------------	---	-----------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic	10b. KIND OF BUSINESS OR INDUSTRY Army Eng. Dept	11. BIRTHPLACE (State or foreign country) Troy, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.
---	---	---	--------------------------------------

13a. FATHER'S NAME Charles Stienhans	13b. MOTHER'S MAIDEN NAME Elizabeth Wittmann	14. NAME OF HUSBAND OR WIFE Margaret Stienhans
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. (If yes, give no. or dates of service) 2nd W.W. 498-10-6943	17. INFORMANT'S SIGNATURE OR NAME Margaret Stienhans-1717 So. 7th St.	ADDRESS
--	--	--	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) Coronary Sclerosis DUE TO (c) Coronary Occlusion		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? HSAI
--	--	------------------------------------

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>Blair E. J. ...</i>	(Degree or title)	23b. ADDRESS 1300 ...	23c. DATE SIGNED 9/20/50
--	-------------------	--------------------------	-----------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-2-50	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
---	----------------------	---	--

DATE REC'D BY LOCAL REG. SEP 30 1950	REGISTRAR'S SIGNATURE <i>Blair E. J. ...</i>	25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser-4228 S. Kingshighway Bl.	ADDRESS
---	---	---	---------

(Licensed Embalmer's Statement on Reverse Side)

1961 7 26 190

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *Edwin A M Acumath*

Licensed Embalmer No. *5024*

P. O. Address.....

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.