No. 300
10.48

FILED MAY 17 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18984

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1260

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jemay
c. LENGTH OF STAY (In this place) 10 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 756 Zeiss Av

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo
b. COUNTY St Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jemay 4860
d. STREET ADDRESS (If rural, give location) 756 Zeiss Av

3. NAME OF DECEASED (Type or Print)
a. (First) Ellen b. (Middle) Stiegemeyer c. (Last)

4. DATE OF DEATH (Month) May (Day) 11 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 7-1901
9. AGE (In years last birthday) 51 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY House wife
11. BIRTHPLACE (City and State or Foreign Country) Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Mathie
13b. MOTHER'S MAIDEN NAME
14. NAME OF HUSBAND OR WIFE Harry Stiegemeyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME Harry Stiegemeyer 756 Zeiss 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio-Sclerosis — years
DUE TO (c)

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 331X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/18, 1952, *to* May 10, 1952, *that I last saw the deceased alive on* May 11, 1952, *and that death occurred at* 4:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Louis H. Bender (Degree or title) DC
23b. ADDRESS 3802 Bayless Ave Lemay Mo
23c. DATE SIGNED 5/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5/14/52
24c. NAME OF CEMETERY OR CREMATORY Mt Olive Hope
24d. LOCATION (City, town, or county) Jemay (State) Mo

DATE REC'D BY LOCAL REG. 5-12-52
REGISTRAR'S SIGNATURE Herbert R. Domke MD
FUNERAL DIRECTOR'S SIGNATURE Fendler Und Co 7420 Michigan
SW (Licensed Embalmer's Statement on Reverse Side)

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

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY
b. CITY (If within corporate limits, write STREET and give number) OR TOWN
c. LENGTH OF STAY (In this place)
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE
b. COUNTY
c. CITY (If within corporate limits, write STREET and give number) OR TOWN
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or print) a. (First) b. (Middle) c. (Last)
4. DATE OF DEATH (Month) (Day) (Year)
5. SEX
6. COLOR OR RACE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
8. AGE (In years last birthday)
9. DATE OF BIRTH (Month, Day, Year)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country)
12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME
13b. MOTHER'S MAIDEN NAME
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME
ADDRESS

18. CAUSE OF DEATH
Enter only one cause on each line for (a), (b), and (c)
*This does not mean the mode of dying, but the disease, injury, or complication that caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____
DUE TO (b) _____
ACCIDENT CAUSES
Alcohol involved, if any, giving rate to the above cause (a) leading

INJURY REPORTED ONSET AND DEATH

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)

19. AUTOPSY? YES ☐ NO ☐

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.

Student Embalmer No. _____

Student _____ Signed: J. E. Morris

Student Embalmer

Licensed Embalmer No. 3360

P. O. Address St Louis, 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.

DATE RECD BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, Town, or County) (State)

(Licensed Embalmer, Funeral Director or Person Acting as Coroner)

OFFICIAL USE ONLY — DO NOT WRITE BELOW THIS LINE — BIRTH RECORD