

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22702

State File No. ....

FILED JUL 2 - 1952

318

1003

5797

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>5797</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS, MO.</b>		c. LENGTH OF STAY (In this place) <b>12 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis 2239</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>23 26 1/2 St. Vincent Pl.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>SARAH</b>		b. (Middle) <b>LEA</b>		c. (Last) <b>STIENS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>6 20 52</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 23, 1895</b>		9. AGE (In years last birthday) <b>57 yrs</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Waynesville, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Absalom Brown</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Graves</b>		14. NAME OF HUSBAND OR WIFE <b>August Stiens</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>August Stiens, 2621 St. Vincent Ave.</b>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARCINOMA OF CERVIX MALIGNANT</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>3or4 yrs</b>	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>171X</b>			
22. I hereby certify that I attended the deceased from <b>MAR. 28, 1950</b> , to <b>June 20, 1952</b> , that I last saw the deceased alive on <b>JUNE 20, 1952</b> , and that death occurred at <b>5:00P m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>FR Bradley</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>BARNES HOSPITAL</b>		23c. DATE SIGNED <b>6/21/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 24, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Friedens Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Saint Louis County, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>JUN 23 1952</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>TRUTH CENTER MORTUARY, 4024 Lindell Blvd.</b>			

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Bert Hoffman*

Licensed Embalmer No. 4366

P. O. Address *Spencer, Ind*

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.