

**MADE** AUG 15 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

**30076**

BIRTH NO. 16550 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7266

1. PLACE OF DEATH a. COUNTY <u>0</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>0923</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis Mo</u>		c. LENGTH OF STAY (in this place) <u>thru 50 hrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. CHARLES</u>		1
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. Louis CHILDREN'S</u>			d. STREET ADDRESS (If rural, give location) <u>522 So. 5th ST.</u>		
3. NAME OF DECEASED (Type or Print)	a. (First) <u>ANN</u>	b. (Middle) <u>RUTH</u>	c. (Last) <u>STAGEMEIER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7 28 52</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>3-25-52</u>	9. AGE (In years last birthday) Months Days <u>4</u>	10. YEAR OF UNDER 14 REG. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St Charles Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>WILBUR STAGEMEIER</u>	13b. MOTHER'S MAIDEN NAME <u>RUTH RITTER</u>	14. NAME OF HUSBAND OR WIFE
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 <u>J. EGAN 500 So. Kings Highway</u>

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		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	DUE TO (b) <u>Aspirin - severe sensitivity</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? <u>E953X</u>	

22. I hereby certify that I attended the deceased from 7-28, 1952 to 7-28, 1952 that I last saw the deceased alive on 7-28, 1952, and that death occurred at 9:20pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. G. Klingberg MD</u> (Degree or title)	23b. ADDRESS <u>CHILDREN'S HOSPITAL</u>	23c. DATE SIGNED <u>7-28-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 30 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St John's Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>St Charles Mo</u>

DATE REC'D BY LOCAL REG. <u>JUL 29 1952</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Nachman - Rose 114 Union St.</u>
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S.P. (Licensed Embalmer's Statement on Reverse Side)

Mother gave too many aspirin for cold. 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 *Arthur C. Lane*

Licensed Embalmer No. 3157

P. O. Address *St. Charles, 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.