

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **7403**BIRTH NO. **PPFD APR 16 1954** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **374**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Affton		c. LENGTH OF STAY (In this place) 34 Yrs.	c. CITY OR TOWN Affton
d. FULL NAME OF HOSPITAL OR INSTITUTION 931 Kammerer		e. STREET ADDRESS (If rural, give location) 931 Kammerer	
3. NAME OF DECEASED (Type or Print) Bernard		a. (First)	b. (Middle) Stegmann
c. (Last)	4. DATE OF DEATH Feb. 8, 1954	(Month)	(Day)
(Year)	5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct. 14, 1892	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
IF UNDER 1 YEAR Hours	IF UNDER 1 MIN. Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gardner	10b. KIND OF BUSINESS OR INDUSTRY Gardening
11. BIRTHPLACE (City and State or Foreign Country) Affton, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	13a. FATHER'S NAME Fred Stegmann	13b. MOTHER'S MAIDEN NAME Bertha Barkaw
14. NAME OF HUSBAND OR WIFE Mattie Stegmann	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. WW-1	17. INFORMANT'S SIGNATURE OR NAME Mattie Stegmann
ADDRESS 931 Kammerer	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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) From a self-inflicted gunshot wound of the head, causing brain damage. A 16 gauge automatic shot-gun with one discharged shell was found by the gun, next to his body, which was found in the attic of his home by his son Jimmy. Body removed by Beck Ambulance to	INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION County Hosp. for examination.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	976X
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Affton St. Louis Mo.	21d. TIME OF INJURY Feb. 8, 1954 5:40 p.m.
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Self-inflicted gunshot wound in the head.	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 _____ m., from the causes and on the date stated above.	23a. SIGNATURE Arnold J. Hillmann
(Degree or title) Coroner	23b. ADDRESS Clayton, Mo.	23c. DATE SIGNED 2-12-54	24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2-11-54	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Bks., Mo.	DATE REC'D BY LOCAL REG. 2-11-54
REGISTRAR'S SIGNATURE Herbert R. Donke M.D.	25. FUNERAL DIRECTOR'S SIGNATURE J.L. Ziegenhein & Sons	ADDRESS 7027 Gravois	

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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