

FILED AUG 29 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27344**  
Registrar's No. **178**

BIRTH NO.		REG. DIST. NO. <b>310</b>		PRIMARY REG. DIST. NO. <b>3058</b>		Registrar's No. <b>178</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Charles</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>St. Charles</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>726 S. Benton St.</b>			
3. NAME OF DECEASED (Type or Print) <b>FRED</b>		a. (First) <b>FRED</b>		b. (Middle) <b>W</b>		c. (Last) <b>STIEGEMEIER</b>	
4. DATE OF DEATH <b>August 22, 1955</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Aug. 23, 1893</b>		9. AGE (In years last birthday) <b>61</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machanic</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Auto Mach.</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Charles, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>William Stiegemeier</b>		13b. MOTHER'S MAIDEN NAME <b>Louise Kottmann</b>	
14. NAME OF HUSBAND OR WIFE <b>Hulda Westemeier</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WWI</b>		16. SOCIAL SECURITY NO. <b>494 07 6104</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Hulda Stiegemeier</b> ADDRESS <b>St. Charles Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Infarction (Multiple)</b> INTERVAL BETWEEN ONSET AND DEATH <b>30 days</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Thrombophlebitis of femoral vein</b> DUE TO (c) <b>Carcinoma of PANCREAS</b> (6 MON.?) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <b>8-22-55</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of Pancreas</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., store, 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?			
22. I hereby certify that I attended the deceased from <b>12-10, 1948</b> , to <b>8-22, 1955</b> , that I last saw the deceased alive on <b>8-22, 1955</b> and that death occurred at <b>10:24</b> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Chas. Lawrence</b>		(Degree or title) <b>MD</b>		23b. ADDRESS <b>114 N. Main St. St. Charles, Mo.</b>			
23c. DATE SIGNED <b>8-24-55</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug. 25, 1955</b>			
24c. NAME OF CEMETERY OR CREMATORY <b>St. John's Cemet.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Charles, Mo.</b>		DATE REC'D BY LOCAL REG. <b>Aug 24 1955</b>			
REGISTRAR'S SIGNATURE <b>Harold Handelman</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Arthur C. Bane</b>		ADDRESS <b>St. Charles, Mo.</b>			

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

AUG 31 1956

MAY 3 1958

SEP 26 1957

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 *Placencia M. Bello*

Licensed Embalmer No. 437

P. O. Address *St. Charles*

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.