

FILED AUG 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28591

BIRTH NO. _____ REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 500 Registrar's No. 1886

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles Co.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Normandy</u>		c. CITY OR TOWN <u>Machens</u>	
c. LENGTH OF STAY (In this place) <u>11 days</u>		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 <u>Normandy Osteo. Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>Box #13</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLAUDIA</u> b. (Middle) _____ c. (Last) <u>STIENHOFF</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8 12 55</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>2/24/1884</u>
9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Charles Co., Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.S.</u>
13a. FATHER'S NAME <u>Joseph Conover</u>		13b. MOTHER'S MAIDEN NAME <u>Lena Boschert</u>	14. NAME OF HUSBAND OR WIFE <u>Anton Stienhoff</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Margaret Gardner Machens Mo.</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive pneumonia</u> ANTECEDENT CAUSES DUE TO (b) <u>Myocardial infarction</u> DUE TO (c) <u>Generalized carcinoma</u> 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 <u>1999</u>	
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)		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 <u>7-20-1955</u> , to <u>8-11-1955</u> , that I last saw the deceased alive on <u>8-11-55</u> , 19 <u>55</u> , and that death occurred at <u>7:30 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Douglas C. Harmon D.O.</u>		23b. ADDRESS <u>Portage Res. Sioux Mo.</u>	
23c. DATE SIGNED <u>8-12-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Aug. 16, 1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Saint Francis Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Portage Res. Sioux, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8/13/55</u>		REGISTRAR'S SIGNATURE <u>Herschel A. Lombardi</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Dallmeier</u>		ADDRESS <u>St. Charles Mo.</u>	

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.....
Signature of Student Embalmer

Signed *Frank R Amale*.....

Licensed Embalmer No. *78*.....

P. O. Address *St Cha*.....

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.