

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **25268**
 Registrar's No. **6001**

FILED JUL 25 1956

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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|---|-------------------------------|--|--|--|---|---|----------------------|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 6001 | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY St. Louis | | | |
| b. CITY OR TOWN St. Louis, Mo. | | c. LENGTH OF STAY (In this place) 4 Hours | | c. CITY OR TOWN Jennings | | 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 Christian Hospital | | | | e. STREET ADDRESS (If rural, give location) 8616a Henry Avenue, | | | |
| 3. NAME OF DECEASED. (Type or Print) a. (First) Julius b. (Middle) C. c. (Last) Stegmann | | | 4. DATE OF DEATH (Month) (Day) (Year) June, 24, 1956 | | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH July, 18, 1875 | | 9. AGE (In years last birthday) 80 | IF UNDER 1 YEAR Months | IF UNDER 6 HRS. Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Prop. of Stegmann Tool Co. | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Johann Stegmann | | 13b. MOTHER'S MAIDEN NAME Karoline Munzelbrok | | 14. NAME OF HUSBAND OR WIFE Mrs Frieda Stegmann (Deceased) | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) No | | 16. SOCIAL SECURITY NO. 94-01-6761 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Irma Schramm, 8616a Henry Avenue | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Chor Myocarditis - acute cardiac failure | | MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chor Myocarditis - acute cardiac failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Slip & fall in bathroom -> DUE TO (c) cerebral concussion II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND 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) Cerebral Concussion | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) in house | | 21c. (CITY, TOWN, OR TOWNSHIP) St. Louis (COUNTY) County (STATE) Mo. | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6-24-56 A.m. | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? Slipped & fell in bathroom | | | | | |
| 22. I hereby certify that I attended the deceased from 6/21/56 , 19__, to 6/24/56 , 19__, that I last saw the deceased alive on 6/24/56 , 19__, and that death occurred at 1:15 P. m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) H. J. Stein M.D. | | | | 23b. ADDRESS 6917 W. Florissant Ave | | 23c. DATE SIGNED 6/25/56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 6-27-1956 | 24c. NAME OF CEMETERY OR CREMATORY Walnut Hill Cemetery | | 24d. LOCATION (City, town, or county) (State) Belleville, Illinois | | |
| DATE REC'D BY LOCAL REG. JUN 25 1956 | | REGISTRAR'S SIGNATURE VIA MOTOR. Cash Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math. Hermann & Son, Inc. 2161 E. Fair Ave. | | | |

WRITE PLAINLY - USE 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.....
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.