

FILED AUG 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25642**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1722**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL, and give township) Sappington		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Gravois Rest Haven		e. STREET ADDRESS (If rural, give location) 2911 Salena Street	
c. LENGTH OF STAY (in this place) 4 weeks		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) a. (First) LOUISE	b. (Middle) A.	c. (Last) STECHEER	4. DATE OF DEATH (Month) (Day) (Year) JULY 14, 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH May 11, 1884	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 11 Days 11	IF UNDER 24 HRS. Hours 11 Min. 11
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sewing Mach. Operator	10b. KIND OF BUSINESS OR INDUSTRY Tent & Awnings	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Joseph Stecher	13b. MOTHER'S MAIDEN NAME Margaret Wimmer	14. NAME OF HUSBAND OR WIFE Kane
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 489-10-0045	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Scheele	ADDRESS 3652 Alberta St.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation		1 mo
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Edema (cardiovascular) DUE TO (c) Arteriosclerotic Cardiovascular disease.		15 days ?
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **6-28-56**, 19**56**, to **7-13-56**, 19**56**, that I last saw the deceased alive on **7-13-56**, 19**56**, and that death occurred at **11:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Name or title) H. W. Watterhouse	23b. ADDRESS 806 Meramec Station Rd. Valley Park, Mo.	23c. DATE SIGNED 7-16-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 17, 1956	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	24d. LOCATION (City, town, or county) (State) St. Louis County Missouri
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DATE REC'D BY LOCAL REG. 7-16-56	REGISTRAR'S SIGNATURE Herbert R. Dombrowski	25. FUNERAL DIRECTOR'S SIGNATURE BEIDERWIEDEN FU.HOME, INC.	ADDRESS 1936 St. Louis Av.
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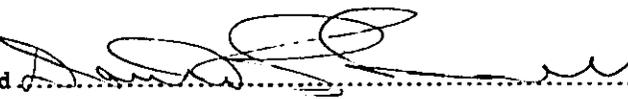
WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

Valley 1 day, mo.
Valley 5-2222
Monday - 2:30 to 5:00 P.M.

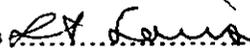
STATEMENT BY LICENSED EMBALMER

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. 452

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.