

FILED NOV 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40237**
 BIRTH NO. _____ REG. DIST. NO. **312** PRIMARY REG. DIST. NO. **500** Registrar's No. **2396**

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.		
b. CITY (If outside corporate limits, write RURAL and give township) Manchester		c. LENGTH OF STAY (in this place) 19 months	c. CITY OR TOWN St. Louis		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 Manchester Nursing Home			STREET ADDRESS (If rural, give location) 1730 Missouri Ave.		
3. NAME OF DECEASED (Type or Print) a. (First) HENRY		b. (Middle) MARTIN	c. (Last) STIEFVATER, SR.		4. DATE OF DEATH (Month) (Day) (Year) Oct. 10, 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 9, 1887	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 3 Days 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farming		10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and State or Foreign Country) Evansville, Ill.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Martin Stiefvater		13b. MOTHER'S MAIDEN NAME Rettie Schwiier		14. NAME OF HUSBAND OR WIFE Louisa Stiefvater	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Henry Stiefvater, 3680 MaRee, St. Louis, Mo.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC MYOCARDITIS			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CHRONIC NEPHRITIS					
DUE TO (c) CARDIO VASCULAR RENAL DISEASE					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE					
19a. DATE OF OPERATION NONE	19b. MAJOR FINDINGS OF OPERATION —		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		442X
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE	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) m. —	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 MAY 1, 1956 , to OCT. 10, 1956 , that I last saw the deceased alive on OCT. 9, 1956 , and that death occurred at 7:05A m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) B.R. Loring M.D.		23b. ADDRESS BOX 154, BALLWIN, MO.		23c. DATE SIGNED 10-10-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10/12/56	24c. NAME OF CEMETERY OR CREMATORY Lutheran Cem.	24d. LOCATION (City, town, or county) (State) Steeleville, Ill.		
DATE REC'D BY LOCAL REG. 10-11-56	REGISTRAR'S SIGNATURE Herbert R. Donohue M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.H. Bopp, Inc - Kirkwood, Mo.		

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.....
Harold W. [Signature]

Licensed Embalmer No. 451.....

P. O. Address *Kirkwood*

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.