

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 7 1957

188887

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5004**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3954 Arsenal		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 3954 Arsenal		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Elizabeth Middle Key Last Key			4. DATE OF DEATH Month May Day 26 Year 1957			
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 6, 1869	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 6 Days 10 Hours 00 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Germany		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Conrad Stiebeling			14. MOTHER'S MAIDEN NAME not known			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Harry F Kay		Address 4618 Moraine	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) malnutrition Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 334x					INTERVAL BETWEEN ONSET AND DEATH 6 mos 25 mos.	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 4/15/55 to 5/26/57 and last saw ^{her} _{him} alive on 5/26/57 Death occurred at 9 PM on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) P. M. Greub M.D.			22b. ADDRESS 3402 California		22c. DATE SIGNED 5/27/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 5/29/1957	23c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cem		23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		
24. FUNERAL DIRECTOR J L Ziegenhein & Sons 7027 Gravois		ADDRESS		25. DATE RECD. BY LOCAL REG. MAY 28 57	26. REGISTRAR'S SIGNATURE Carl Smith M.D.	

No. 1000
 Date of Death: June 6, 1952
 Place of Death: St. Louis, Missouri
 Name of Deceased: [Illegible]
 Age: [Illegible]
 Sex: [Illegible]
 Race: [Illegible]
 Cause of Death: [Illegible]
 Signature of Embalmer: [Illegible]
 Signature of Student: [Illegible]

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 *C. P. Kidwell*
 Licensed Embalmer No. 38
 P. O. Address 7027 Gr

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.