

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015789

STATE FILE NUMBER

2 4169

FILED MAY 15 1959

Registration District No. _____ Primary Registration District No. _____

Registration No. _____

300
1-57
3
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6
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | | | | |
|--|----------------------------------|---|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri | | | c. CITY OR TOWN Ladue 4000 | | b. COUNTY St. Louis | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL | | Length of stay in 1b 1mo. | d. STREET ADDRESS #3 Sheraton Drive | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First HANNAH Middle V. Last STIEGEMEYER | | | 4. DATE OF DEATH Month April Day 27 Year 1959 | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH Feb. 13, 1893 | 9. AGE (In years last birthday) 66 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME John Nauman | | 13b. MOTHER'S MAIDEN NAME Mary Steinkamp | | 14. NAME OF HUSBAND OR WIFE O.W. Stiegemeier | | |
| 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 Address O.W. Stiegemeier #3 Sheraton Dr., Ladue, Mo. | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Carcinoma of ovary with metastases to abdominal cavity | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 yrs | |
| IMMEDIATE CAUSE (a) _____ DUE TO (b) _____ DUE TO (c) 175.0 | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Orthostatic pneumonia - 2 wks. | | | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 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 4/1/59 to 4/27/59 and last saw her ^{her} _{him} alive on 4/27/59 Death occurred at April 27, 1959 at 2:35 p. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | |
| 22a. SIGNATURE F.R. Madley (Degree or title) M. D. | | | 22b. ADDRESS BARNES HOSPITAL | | 22c. DATE SIGNED 4/28/59 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) entombment | 23b. DATE 4-30-59 | 23c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum | | 23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo. | | |
| 24. FUNERAL DIRECTOR B. Hoffmeister Colonial Mortuary ADDRESS 6464 Chippewa St. | | | 25. DATE RECD. BY LOCAL REG. APR 28 '59 | 26. REGISTRAR'S SIGNATURE Earl Smith, M.D. <i>mjs</i> | | |

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 *L. C. Branson*

Licensed Embalmer No. *4764*
P. O. Address *St. Louis, Mo.*

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.