

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019669
State File No.

No. 300
10-48

FILED JUN 11 1959

BIRTH NO. REG. DIST. NO. PRIMARY REG. 'DIST.' NO. Registrar's No. 5233

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		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"/>
c. LENGTH OF STAY (in this place) 33 hrs 17 min		e. STREET ADDRESS (If rural, give location) 7826 Pennsylvania	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Gretchen	b. (Middle) Rose	c. (Last) Stiegemeier	4. DATE OF DEATH (Month) (Day) (Year) 5 - 31 - 59
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) None	8. DATE OF BIRTH 5-30-59	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min. 1 9 17
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri, U.S.A.	12. CITIZEN OF WHAT COUNTRY? U.S. A
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13a. FATHER'S NAME Robert Frederick Stiegemeier	13b. MOTHER'S MAIDEN NAME Elizabeth Charlotte Clifton	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No no	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elizabeth Charlotte Stiegemeier 7826 Pennsylvania
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary atelectasis		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) Prematurity (31 weeks)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7625		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)
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 5/30, 1959, to 5/31, 1959, that I last saw the deceased alive on 5/31, 1959 and that death occurred at 6:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE Hugh R. Smith (Degree or title) M.D.	23b. ADDRESS 106 N. Euclid	23c. DATE SIGNED 6-1-59
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24a. BURIAL CREMATION REMOVAL (Specify) Removal	24b. DATE June 2, 1959	24c. NAME OF CEMETERY OR CREMATORY Mount Olive Cemetery	24d. LOCATION (City, town, or county) (State) 3906 Mt. Olive Rd. Lemay, Mo.
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DATE REC'D BY LOCAL REG. JUN 1 59	REGISTRAR'S SIGNATURE Hugh R. Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister Mortuaries 781 1/2 So. Broadway St. Louis, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

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..... *not embalmed*
Julius S. Strubbe
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.