

2723

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

645 ✓

1. Place of Death: (a) County Yuma (b) City or Town Yuma (c) Location 54th Evac Hospital
 (d) Length of Stay: In Hospital or Institution 3 days (Specify whether years, months or days)
 2. Usual Residence of Deceased: (a) State New Jersey (b) County Bergen (c) City or Town Fort Lee
 (d) Street No. _____ (e) Citizen of foreign country (yes or No) yes
 3. (a) FULL NAME Adolph (H.I.) Stegmaier (b) If Veteran name war _____ (c) Social Security No. _____ (If NONE write the word)

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Single
 6. (b) Name of husband or wife none 6. (c) Age of husband or wife, if alive NONE yrs.
 7. Birthdate of deceased March 13 1902
 8. AGE: Years 41 Months 2 Days 5 If less than one day hrs. _____ min. _____
 9. Birthplace Germany (City, town or county) (State or Country)
 10. Usual Occupation Army
 11. Industry or Business Army
 12. Name unknown
 13. Birthplace Germany (City, town or county) (State or Country)
 14. Maiden Name unknown
 15. Birthplace Germany (City, town or county) (State or Country)

MEDICAL CERTIFICATION
 20. DATE OF DEATH (Month, day and year) May 17 1943
 TIME (Hour and minute) 6:15 P.
 21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death Coronary Thrombosis recent with myocardial infarction
 Due to Coronary athero sclerosis
 Due to Multiple old healed scars of the myocardium
 Other conditions Splenomegally
 (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations: _____
 Autopsy: see above

DURATION
 days _____
 years _____
PHYSICIAN
 Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Service Record
 (b) Address U S Army
 17. (a) Burial, Cremation or Removal Removal
 (b) Place Fort Lee N. J. (c) Date 5-19-43
 18. (a) Embalmer's Signature The Johnson mortuary
 (b) Funeral Director Yuma, Arizona
 (c) Address _____
 19. (a) May 24 1943 (Date received local Registrar)
 (b) Mary O. Hufferman (Registrar's Signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or Town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
 While at work? _____ (Specify type of place)
 23. Signature August J. Capt M.C. M. D.
 Address 54th Evac Hosp
Yuma Arizona Date signed May 18, 1943