

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County St. Louis Co.  
Township Lake Creek  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 669  
Primary Registration District No. 5897

File No. 22264  
Registered No. 6  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Matthias Staus  
(a) Residence No. R.R. 2 No. 2 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widow  
*(write the word)*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nicholas Staus

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 4, 1956

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
73      5      23

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House work  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Morganfield Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Peter Seifner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

14. INFORMANT Geo Staus  
(Address) Spring Fork Mo R#1

15. FILED July 30 1929 Mrs J L Monsees  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 27, 1929

17. I HEREBY CERTIFY, That I attended deceased from July 19 1929 to June 27, 1929  
that I last saw her alive on June 26, 1929 and that death occurred, on the date stated above, at 2 AM m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Pericardial  
aneurism  
TIA

(duration) 2 yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)**

57A

(duration) \_\_\_\_\_ yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Laboratory  
(Signed) Boyd Bohling, M. D.

June 19 29 (Address) Bedford Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

Bahner Mo

June 27/29

**20. UNDERTAKER**

**ADDRESS**

McLaughlin Bros  
Bedford

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

X. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 27 1929 Bohling



MAIN RESERVED FOR BINDING

V. NO. 2.

