

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

Do not use this space.

FEB 11 1936

41999<sup>7</sup>

1. PLACE OF DEATH

County .....  
Township *St. Louis*  
City *St. Louis*

Registration District No. *791*  
Primary Registration District No. *1003*  
*2902 & No 21st St.*

File No. ....  
Registered No. *122*  
St. .... Ward)

2. FULL NAME

(a) Residence, No. .... St. *26* Ward. ....

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Ida*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan. 3, 1882*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*53 11 28.*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Machinist*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Wagner Elect. Co.*

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo*

13. NAME *Casper Stausbach*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

15. MAIDEN NAME *Katherine Guy*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT (ADDRESS) *Leroy Heiman 2902 & No. 21st St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *New Piker Cem* DATE *1-4-1936*

19. UNDERTAKER (ADDRESS) *C. Hoffmeister M & Co. 17814 So. Broadway*

20. FILED *JAN - 4 1936*  
*J. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec. 31*, 19*35*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 4*, 19*35*, to *Dec 31*, 19*35*.

I last saw him alive on *Dec 30*, 19*35*. Death is said to have occurred on the date stated above, at *6:30 P.M.*

The principal cause of death and related causes of importance were as follows:

*Organic Valvular Heart Lesion* Date of onset *6 mo.*

Other contributory causes of importance: *acute interstitial nephritis* *12 mo*

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify .....  
(Signed) *John Shaw*, M. D.  
(Address) *2330 Union*

MARGIN RESERVED FOR BINDING UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully entered. AGE should be stated EXACTLY. OCCUPATION should add state CAUSE OF DEATH in plain terms, so that it may be properly recorded.

JW Han

WRITE FROM WITH UNFADING INK--THIS IS A PERMANENT RECORD

2330 = n Union

706470

perly classified  
dated 10/2/80  
by [illegible]

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY PAGE.

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

1. PLACE OF DEATH

County .....  
Township .....  
City St Louis (No. ....)

Registration District No. 791  
Primary Registration District No. 1003

File No. ....  
Registered No. 122  
St. .... Ward)

2. FULL NAME

Albert Stausbach

(a) Residence, No. 2902<sup>a</sup> No 21<sup>st</sup> St St. .... Ward.

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>W</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 3, 1882</u>		
7. AGE	YEARS <u>53</u>	MONTHS <u>11</u>
	DAYS <u>28</u>	IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED 3-11-36 J. A. Brubaker

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....  
I last saw h..... alive on ..... 19..... Death is said

to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Organic Valvular Heart Lesion Date of onset

Other contributory causes of importance:

Acute Interstitial Nephritis  
As made an acute  
should be chronic

Name of physician ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? .....  
(S. ecify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify  
(Signed) J. W. Shaw , M. D.  
(Address) 2330 Union

WRITE PLAINLY, WITH U. S. FADING INK--THIS IS A PERMANENT RECORD

N. 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.

MARGIN RESERVED FOR BINDING

100-13-27-37

THE PLAIN  
should be stated EXACTLY  
and

should be careful

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