AUG - 5 1937

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

Do not use this space.

File No. 25202
Registered No. 6376

1. PLACE OF DEATH City Hospital #1
County
Registration District No. 1003 791
Township
Primary Registration District No.
City St. Louis (No. City Hospital No. 1 St. Ward)

2. FULL NAME George H. Staats
(a) Residence, No. 3125 A N. Taylor Ave. St. 10 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
131	45	7	3	

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

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

FATHER
13. NAME Henry J. Staats
14. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Johannah Steininger
16. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. C. W. Weisenfels
(ADDRESS) 5503 Tennessee Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethany Cem. DATE July 3, 1937.

19. UNDERTAKER Wm. F. Paschedag
(ADDRESS) 2825 N. Grand Blvd.

20. FILED JUL 1 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1937. 19

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 3 P.m.
The principal cause of death and related causes of importance were as follows:

Internal hemorrhage from a punctured left lung, as a result of being crushed between truck and wall of driveway, at 707 Goodfellow, about 12:00 noon, June 30, 1937, Chevrolet truck being driven by Oscar Palmeyer

Date of onset

Other contributory causes of importance: ACCIDENT

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6/30/ 19 37
Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury See above
Nature of injury See above

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify
(Signed) Joseph M. Simon, M.D.
(Address) Coroner

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.

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