

REC'D MAR 13 1939

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

4800  
Do not use this space.

791  
1003

Registered No. 1493

1. PLACE OF DEATH

(a) County ..... Registration District No. ....

(b) Township ..... Primary Registration District No. ....

(c) City St. Louis (d) Street No. DePaul Hospital St. (If death occurred in Hospital or Institution, write its name instead of street and number)

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

2. PRINT FULL NAME Joseph E. Stauder

(a) Residence, No. 5405 S. Broadway St. 15 (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 30 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
56 5 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Building

9. Industry or business in which work was done, as saw mill, bank, etc. Contractor

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

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

FATHER 13. NAME John Stauder

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

MOTHER 15. MAIDEN NAME Amelia Daubach

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

17. INFORMANT Anna Stauder (ADDRESS) 5405 S. Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Mt. Bellville Ill. Feb. 18 1939

19. FUNERAL DIRECTOR (NAME) Wm. Schumacher (ADDRESS) 3013 Meramec St.

20. FILED FEB 15 1939 J. B. Bredenk Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 1938 to Feb 15 1939

I last saw him alive on Feb 14 1939. Death is said to have occurred on the date stated above, at 4:30 a. m.

The principal cause of death and related causes of importance were as follows:  
Ch. Gonorrhea tabularis  
Strasman 1938

Other contributory causes of importance:  
Hypertension 1938  
stroke

Name of operation..... Date of.....  
What test confirmed diagnosis? Lab Was there an autopsy? No

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?.....  
If so, specify.....  
(Signed) J. B. Bredenk, M. D.  
(Address) Union Club St.

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.

1-3

**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.....

*Clarence Kochow*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Clarence Kochow*

Licensed Embalmer No. *3093*

P. O. Address *13013 Meramec*

**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 this body is not embalmed, above space should be left blank.**