DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4835

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 1665

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1135 Dover Place (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether

In this community 15 YRS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis (If outside city or town limits, write "RURAL")

(d) Street No. 1135 Dover Place (If rural, give location)

(e) If foreign born, how long in U. S. A.? U. S BORN years.

3. (a) PRINT FULL NAME John Taetz

3. (b) If veteran, name war —

3. (c) Social Security No. EXEMPT

4. Sex M

5. Color or race W.

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife EMMA RUND

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased JULY (Month) 17 (Day) 1887 (Year)

8. AGE: Years 52 | Months 7 | Days — | If less than one day — hr. — min.

9. Birthplace ST. LOUIS (City, town, or county) (State or foreign country)

10. Usual occupation S. W. FREIGHT BUREAU

11. Industry or business CLERK.

FATHER
12. Name JOSEPH TAETZ
13. Birthplace COLUMBIA ILL. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name AUGUSTA OERTER.
15. Birthplace ST. LOUIS (City, town, or county) Mo (State or foreign country)

16. (a) Informant's own signature Emma Taetz

(b) Address 1135 Dover Pl.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 19 1940 (Month) (Day) (Year)

(c) Place: burial or cremation SUNSET BURIAL PARK

18. (a) Signature of funeral director Biederwieden Funeral Home

(b) Address 1936 St. Louis Ave

19. (a) FEB 19 1940 (Date received local registrar) (b) J. F. [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17 year 1940 hour 6 AM minute M.

21. I hereby certify that I attended the deceased from 2-22-39, 19, to 2-17, 1940 that I last saw him alive on 2-13-40, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (e) Means of injury

23. Signature H. L. [illegible] (M. D. or other)

Address 3902 [illegible] Date signed 2-17-40

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No. 39737.

P. O. Address 1936 St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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