

3-40
-39
K23159

NOV 16 1940

791

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. 8541

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Jackson
(c) City or town Murphysboro
(If outside city or town limits, write "RURAL")
(d) Street No. 422 Walnut St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME HERMAN CHARLES STAUDI

3. (b) If veteran, name war No 3. (c) Social Security No. 342-01-8660

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased Feb. 23, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 7 21 hr. min.

9. Birthplace Murphysboro Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad Employee

11. Industry or business Mo. Pacific

12. Name Herman Staudt

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Bruck

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Mc Dowell

(b) Address Murphysboro Ill.

17. (a) Removal (b) Date thereof 10/15/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Murphysboro, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) OCT 15 1940 (b) J. B. Bredbeck
(Received local registrar) (Registered Embalmer)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14
year 1940 hour 7 minute 37 P M.

21. I hereby certify that I attended the deceased from 10-11-1940 to 10-14-1940
that I last saw h alive on Oct 14, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral Hemorrhage
Due to _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____
Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) _____
(e) Means of injury _____
23. Signature D. W. Rydman M.D. (M. D. or other) _____
Address Mu. Pac. Hosp. Date signed 10-14-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... *G. W. Wilkinson*.....

Licensed Embalmer No..... *3578*.....

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.