

No. 2  
13-40  
17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

5442  
State File No. 1690  
Registrar's No.

FILED MAR 25 1941 791  
Registration District No.

Primary Registration District No. 1003

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:  
6045 Wanda Ave.  
(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 Mo. (b) County 200  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6045 Wanda Ave.  
(If rural, give location) 9  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Eleanora E. Staake

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louis Staake 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased May 26th 1891  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>8</u>	<u>26</u>	hr. min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Edward Schwab

13. Birthplace Alsace-Lorraine  
(City, town, or county) (State or foreign country)

14. Maiden name Emma Hoymeister

15. Birthplace Belleville / Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Staake

(b) Address 6045 Wanda Ave.

17. (a) Burial (b) Date thereof 2- -41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) FEB 22 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21st  
year 1941 hour 930 minute H M.

21. I hereby certify that I attended the deceased from Jan 4  
1941, to Feb 21, 1941  
that I last saw ha alive on Feb 15, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis?  
Due to \_\_\_\_\_  
Due to Coronary Disease?  
Other conditions [Signature]  
(Include pregnancy within 3 months of death)

Major findings: [Signature]  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 [Signature]

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address 6811 a Groves Date signed 2/21/41

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

MOTHER FATHER

6811<sup>th</sup> Avenue  
FL 0034. FL: 4372  
9-10-2-3-7-8

**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 *Edwin A. Mc Dermott*

Licensed Embalmer No. *3024*

P. O. Address.....

**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, fact should be so stated above.**