DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 8 1941 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29848

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 7187

17-39
X26390

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Louis Childrens Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ~~[illegible]~~ (Specify whether years, months or days)
In this community 6 hours

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town St Louis 317
(If outside city or town limits, write "RURAL")
(d) Street No. 6563 Tyler Tyler Pl.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Baby Boy Stager
3. (b) If veteran, name war _____ 3. (c) Social Security No. —
4. Sex M (1) 5. Color or race wh 6. (a) Single, widowed, married, divorced — (1)
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 8 (Month) 25 (Day) 41 (Year)
8. AGE: Years — Months — Days 2 If less than one day _____ hr. _____ min.
9. Birthplace St Louis (City, town or county) O Mo (State or foreign country)
10. Usual occupation child
11. Industry or business —
FATHER 12. Name Adolph STAGER
13. Birthplace O Mo (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Gladys Eggers
15. Birthplace Texas (City, town or county) (State or foreign country)
16. (a) Informant D Dunning
(b) Address 500 S Kingshighway
17. (a) _____ (Burial, cremation, or removal) (b) Date thereof SEP 5 1941 (Month) (Day) (Year)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director Anatomical Board
(b) Address Washington Univ
19. (a) SEP 5 1941 (Date received by Registrar) (b) H. Budweck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 28. year 1941 hour 3 minute 40 A.M.
21. I hereby certify that I attended the deceased from 8-25-41, 19__, to 8-28-41, 19__; that I last saw him alive on 8-28-41, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Respiratory failure	
Due to Substernal hemorrhage	2 days
Due to Substernal hemorrhage	2 days.
Due to	
Other conditions Bronchopneumonia (Include pregnancy within 3 months of death)	8 hrs.

Major findings:
Of operations N
Of autopsy No

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 R. J. Bettley (M. D. or other) D
Address 1711 S. Kingshighway Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

7187

7187

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.....

P. O. Address.....

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

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