. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1942 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

20036

State File No. 5542

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

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: 1721 S. 9th Street (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 3 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000 26 17 9 0
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1721 So. 9th St. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Katherine Staudt

3. (b) If veteran, name war No!

3. (c) Social Security No. No!

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Pete Staudt

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

7. Birth date of deceased July (Month) 15 (Day) 1864 (Year)

8. AGE: Years 80 Months 11 Days 13 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER

12. Name Unknown Hochstrasser

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

14. Maiden name Unknown

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

16. (a) Informant Peter Staudt

(b) Address 1812 Sidney

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-1-42 (Month) (Day) (Year)

(c) Place: burial or cremation Old S.S. Peter & Paul Cem.

18. (a) Signature of funeral director Will Bros L & U Co

(b) Address 2929 So. Jefferson Ave

19. (a) JUL 2 9 1942 (Date received local registrar) (b) J. F. Mesch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 year 1942 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from 11/15-42 ....., 19 ..... to June 29 1942 that I last saw h... alive on June 27 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Ch Myocarditis — Duration years.

Due to Arteriosclerosis

Due to Senile debility

Other conditions (Include pregnancy within 3 months of death) No

Major findings: Of operations None

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) no

(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 L. W. Flesh (M. D. or coroner)

Address 7840 a Caldwell Date signed 6/29/42

(Licensed Embalmer's Statement on Reverse Side)

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

Paul Q. Shamblin, Registered Apprentice No.

working under my personal supervision.

Signed Paul Q. Shamblin

Licensed Embalmer No. 9472

P. O. Address 2929 So. Jefferson

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.