V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

35945

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9875

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 3419 Nebraska /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, 24 9
(If outside city or town limits, write "RURAL")

(d) Street No. 3419 Nebraska
(If rural, give location)

(e) Citizen of foreign country? -- (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Fannie Stauder

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Frederick L. Stauder

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

7. Birth date of deceased March (Month) 9, (Day) 1863 (Year)

8. AGE: Years 79 Months 8 Days 15 If less than one day hr. min.

9. Birthplace Vienna, France 5
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business --

FATHER
12. Name John Holub
13. Birthplace France 5
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Irwin L. Stauder
(b) Address 3839 Utah Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 27 42 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Ceme.

18. (a) Signature of funeral director Wacker-Helderle Und. Co.
(b) Address 3634 Gravois Avenue

19. (a) NOV 27 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24
year 1942 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from 11/20/42, 19..., to 11/24, 1942
that I last saw her alive on 11/24, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	1942 T
Due to SEWILITY -	1942 T
Due to ARTERIO-SCLEROSIS	1942 T
Other conditions CEREBRAL HEMORRHAGE (Include pregnancy within 3 months of death)	5 da

Major findings:
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

23. Signature [signature] (M. D. or other)
Address 5205 Chippewa St. Date signed 11/25/42

(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 .....

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

working under my personal supervision.

Signed Frank J. Thyland Sr.

Licensed Embalmer No. 8645

P. O. Address St Louis Mo

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.