

FILED JAN 18 1942
Registration District No. 224

Primary Registration District No. 6093

Registrar's No. 198

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

1. PLACE OF DEATH:

(a) County: Saline

(b) City or town: Marshall 17th St
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 42 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Saline

(c) City or town: Marshall 17th St
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: EDWARD J. STAUB

3. (b) If veteran, name war: ✓ 3. (c) Social Security No.: ✓

4. Sex: Male 5. Color or race: W 6. (a) Single, widowed, married, divorced: 1 married

6. (b) Name of husband or wife: Marie S. Staub 6. (c) Age of husband or wife if alive: 55 years

7. Birth date of deceased: Aug. 8 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

66 4 16 hr. min.

9. Birthplace: Ill. 1
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: ✓

MOTHER FATHER

12. Name: Nicholas Staub Francis

13. Birthplace: Ill. 1 Ill. 1
(City, town, or county) (State or foreign country)

14. Maiden name: Mary Beutler

15. Birthplace: Ill. 1
(City, town, or county) (State or foreign country)

16. (a) Informant: Edw. Staub Jr.

(b) Address: Marshall 17th St

17. (a) Burial (b) Date thereof: Dec 27 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Ridge Park Ave

18. (a) Signature of funeral director: Calvin Bell-Rubin

(b) Address: Marshall Mo

19. (a) 12-27-42 (b) Mo T. O. Westbrook
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 24
year 1942 hour 1 minute 15 A. M.

21. I hereby certify that I attended the deceased from June 1
1942, to 12-24, 1942
that I last saw h.t.m. alive on 12-23, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Failure

Due to: Cardio Vascular Renal disease

Due to: _____

Other conditions (Include pregnancy within 3 months of death): 13/20

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) Means of injury: 2

23. Signature: E. J. Harren (M. D. or other): D.O.

Address: Marshall Mo Date signed: 12/24/42

PHYSICIAN
Underline the cause to which death should be charged statistically.

12/15

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 1-15-43

MAR 8 1943

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

R. W. Campbell

Licensed Embalmer No.

3469

P. O. Address

Marshall, 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.