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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7722

State File No.

FILED MAR 11 1944

Registration District No.

Primary Registration District No. 117

Registrar's No. 413

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Webster Groves (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 825 Tuxedo 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 St. Louis
(c) City or town Webster Groves (If outside city or town limits, write "RURAL")
(d) Street No. 825 Tuxedo Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Stauf, Ella Barbara
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Fem.
5. Color or race Wh.
6. (a) Single, widowed, married, divorced Wi. 2
6. (b) Name of husband or wife Daniel Stauf
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 23 (Day) 1861 (Year)

8. AGE: Years 81 Months 10 Days 25 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Joseph Bauer
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name Barbara Ruloff
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Stauf Family
(b) Address 825 Tuxedo Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 20 43 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM.
18. (a) Signature of funeral director M. J. Croghan
(b) Address 7146 Manchester Ave.
19. (a) FEB 20 1943 (Date received local registrar) (b) C. G. McGarvey MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17 year 1943 hour 4:55 minute P M.
21. I hereby certify that I attended the deceased from January 19th, 1943, to Feb 17th, 1943; that I last saw her alive on Feb 16, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	20 days
Due to Arteriosclerosis,	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 93d	

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 Arthur W Westray 0 (M. D. or other)
Address Webster Groves Mo Date signed 2-18-43

(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 Albert L. Lappe

Licensed Embalmer No. 2971

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.