

No. 2
5-42
5-17-39
X32872

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12823

ED APR 23 1943

State File No.

Registration District No. 318

Primary Registration District No. 1005

Registrar's No. 3480

1. PLACE OF DEATH:

(a) County Saint Louis

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

(c) Name of hospital or institution:
Memorial Home 42609 Shaw
(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 Missouri (b) County 000
12

(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
9/19

(d) Street No. 4468 Washington
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William G. Staehlin

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

3. (c) Social Security No. --

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife --

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

7. Birth date of deceased Sept. 14, 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 27
If less than one day hr. min.

9. Birthplace Saint Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Printer

11. Industry or business

12. Name Gerome Staehlin

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Henrietta Schaefer

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. S. Shaw

(b) Address 2609 S. Grand Blvd.

17. (a) Burial (b) Date thereof Apr. 14, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethlehem Cemetery

18. (a) Signature of funeral director Craig Mortuary

(b) Address 4468 Washington

19. (a) APR 14 1943 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
year 1943 hour 11 minute 30 p. M.

21. I hereby certify that I attended the deceased from Mar. 9, 1943, to April 13, 1943;
that I last saw him alive on April 13, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis
Hypertension of Aorta

Due to Cardio Renal Vascular Disease

Due to

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

Major findings: no

Of operations no

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no

While at work? no (Specify type of place) none
Means of injury none

23. Signature Henry P. Kuyin (M. D. or other) D
Address 508 N. Grand Date signed 4/13/43

Duration
5 1/2 days
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

844

(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..... *Philip J. Lesay*

Licensed Embalmer No. *3289*

P. O. Address *4468 Wedgton*

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.