S. No. 2
M—2-43
5-17-39
1 X35697

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

State File No. 5780

Registration District No. FILED MAR 6 1944 Primary Registration District No. 1003 Registrar's No. 1976

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: 5608 Devonshire 1 (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 17 914

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

(d) Street No. 5608 Devonshire ave (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME CHARLES (CARL) STAUSEBACH

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Lillian Stausebach

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Feb. (Month) 6th (Day) 1880 (Year)

8. AGE: Years 64 Months 0 Days 20 If less than one day hr. min.

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

10. Usual occupation Printing Pressman

11. Industry or business

FATHER
12. Name Louis Stausebach
13. Birthplace (City, town, or county) Unknown (State or foreign country)

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

16. (a) Informant Lillian Stausebach

(b) Address 5608 Devonshire ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-29-44 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway

19. (a) FEB 28 1944 (Date received local registrar) (b) J F Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26th year 1944 hour 3 minute 00 P M.

21. I hereby certify that I attended the deceased from Feb. 24th, 1944, to Feb. 26, 1944 that I last saw him alive on Feb 24, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic cardiac vascular renal syndrome

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy none

Duration: 2 1/2 yrs.

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 0

23. Signature [illegible] (M. D. or other)

Address 3804 Wilmington Ave Date signed 2-28-44

(Licensed Embalmer's Statement on Reverse Side)

Dr. W. J. Watana
3804 Wilmington 2-4 3e

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 Richard W. Stewart

Licensed Embalmer No. 4007

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.