

S. No. 2
M-543
v. 5-17-39
P I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22237

State File No.

FILED JUL 3 1946
318

Registration District No. Primary Registration District No. 1003

Registrar's No. 5663

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:
Saint Louis Maternity Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 12 hrs-30 min
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0200
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. Biltmore Hotel
3643 Washington Avenue
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Infant Male Stauch

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.....
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased. June 24, 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
12 hr. 30 min.

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

10. Usual occupation Nil

11. Industry or business.....

MOTHER, FATHER

12. Name Omar Andrew Stauch
13. Birthplace Iowa City Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Jane Douglas
(City, town, or county) (State or foreign country)
15. Birthplace Onawa Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Saint Louis Maternity Hospital
(b) Address 630 S. Kingshighway

17. (a) Removal Onawa Iowa (b) Date thereof (Month) (Day) (Year) 6-27-46
(Burial, cremation, or removal)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director Arthur J. Connelly
(b) Address 3840 Lindell Blvd.

19. (a) JUN 27 1946 (Date received local registrar)
J. B. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year 1946 hour 3:15 AM minute..... M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw him..... alive on....., 19.....,
and that death occurred on the date and hour stated above.

Immediate cause of death atelectasis Duration.....

Due to Prematurity

Due to.....

Other conditions..... (Include pregnancy within 3 months of death) 159

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:
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) (e) Means of injury.....

23. Signature Carl R. Wagner (M. D. or other) M.D.
Address 630 S. Kingshighway Date signed 6/25/46

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

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..... *W H VonMatre*

Licensed Embalmer No. *2825*

P. O. Address. *4340 Lafayette*

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.