DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 7 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42991

Primary Registration District No. 1003

Registrar's No. 11065

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

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:
5070 Geraldine
(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

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

(d) Street No. 5070 Geraldine
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Albert J. Staanken

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 Married

6. (b) Name of husband or wife Stella Staanken

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Dec. (Month) 20th. (Day) 1882 (Year)

8. AGE: Years 64 Months 0 Days 3 If less than one day hr. min.

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

10. Usual occupation City Employee

11. Industry or business Water Dept.

FATHER
12. Name George Staanken
13. Birthplace Germany
(City, town, or county) (State or foreign country)

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

16. (a) Informant Stella Staanken
(b) Address 5070 Geraldine

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/46 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sullivan Funeral Dir
(b) Address 2849 North Euclid Ave.

19. (a) DEC 24 1946 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23rd
year 1946 hour 2.15 minute P. M.

21. I hereby certify that I attended the deceased from Jan 15, 1946 to Dec 23, 1946
that I last saw him alive on Dec 21, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart disease — Duration Dont Know

Due to —

Due to —

Other conditions —
(Include pregnancy within 3 months of death)

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:
(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 R. R. Menown (M. D. or other) MD
Address 5330 Geraldine Date signed 12/24/46

(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 Robert L. Brinkm

Licensed Embalmer No. 3557

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.