

No. 2  
-12-45  
5-17-39  
1 X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19395  
Date File No. 4885  
Registrar's No.

FILED MAY 22 1947

Registration District No. 318 Primary Registration District No. 1003

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:  
Home for the Aged, 3400 So. Grand Blvd.,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Years,  
(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. Home for the Aged, 3400 So. Grand.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Nicholas Stauder,  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 14th  
year 1947 hour 4:00 minute A. M.  
21. I hereby certify that I attended the deceased from May 12 1947  
that I last saw him alive on May 12 1947  
and that death occurred on the date and hour stated above.

4. Sex Male, 0 5. Color or race White,  
6. (a) Single, widowed, married, divorced Widowed,  
6. (b) Name of husband or wife Cora Stauder 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased October 14, 1880.  
(Month) (Day) (Year)

Immediate cause of death Cardiovascular Renal Disease Duration 3 1/2  
Due to.....

8. AGE: Years Months Days If less than one day  
66 7 -0- hr. min.

Due to Cerebral Anemia 4 yr  
Other conditions Cancer of Pan 2 1/2  
(Include emergency within 3 months of death)  
Major findings: External PHYSICIAN  
Of operations..... Underline the cause to which death should be charged statistically.

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

10. Usual occupation Painter,

11. Industry or business Retired 10 Years,

MOTHER FATHER { 12. Name Nicholas Stauder,  
13. Birthplace U.S.A.  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Etzkorn,  
15. Birthplace Germany,  
(City, town, or county) (State or foreign country)

16. (a) Informant Geo. A. Stauder,  
(b) Address 4105a Russell Blvd.,

17. (a) Burial, (b) Date thereof 5/17/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cemetery,

18. (a) Signature of funeral director Gebken-Benz Mortuary,  
(b) Address 2812 Meramec St.

19. (a) MAY 14 1947 (b) J. F. Brebeck  
(Date received local registrar) (Registrar's signature)

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?  
While at work (Specify type of place) Means of injury 0

23. Signature J. F. Brebeck Date signed 5/17/47  
Address 607 W. Genessee

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..... me.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Loron E. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.,  
St. Louis, 18, Mo.

**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.**