S. No. 2
M—1/47
r. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 28 1947

Registration District No. 1

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40562

Primary Registration District No. 6076

Registrar's No. 2446

1. PLACE OF DEATH:
(a) County St. Louis,
(b) City or town Gardenville,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Miller Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis, 96
(c) City or town Lemay, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 222 W. Arlee
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John J. Sthair
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 Widowed
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. 9, 1867 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
80	1	16	hr. min.

9. Birthplace Ind. (City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business None
MOTHER FATHER
12. Name Luther M. Sthair
13. Birthplace Ind. (City, town, or county) (State or foreign country)
14. Maiden name Layton
15. Birthplace Ind. (City, town, or county) (State or foreign country)
16. (a) Informant Luther H Sthair
(b) Address 222 W. Arlee Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-28-47 (Month) (Day) (Year)
(c) Place: burial or cremation Lakewood Park
18. (a) Signature of funeral director Fendler Und. Co
(b) Address 7420 Michigan, Ave.
19. (a) 11-28-47 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25 year 1947 hour 11 A.M. minute M.
21. I hereby certify that I attended the deceased from Oct. 4th, 1947 to Nov. 25th 1947 that I last saw him alive on November 23rd, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Nephritis	1 wk
Due to	
Due to	
Other conditions Atrophy of Prostate (Include pregnancy within 3 months of death)	1 mo.

Major findings:
Of operations No
Of autopsy No

PHYSICIAN — Underline the cause of 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 W. H. Mattes M.D. (Name of physician or other)
Address 3608 S. Grand Blvd. Date signed 11/25/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Sthair
3608 So. Grand

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 V. E. Morris

Licensed Embalmer No. 3360

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.