

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.....

BIRTH NO. 49727-51 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 9069 Registrar's No. 2579

1. PLACE OF DEATH a. COUNTY SAINT LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution.) a. STATE MISSOURI b. COUNTY SAINT LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICHMOND HEIGHTS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN GLENDALE	
c. LENGTH OF STAY (in this place) 1 DAY		4607	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST MARYS HOSPITAL		d. STREET ADDRESS (If rural, give location) 866 CHELSEA	

3. NAME OF DECEASED (Type or Print) MARY CHRISTINE		a. (First)		b. (Middle)		c. (Last) STAUDER		4. DATE OF DEATH (Month) (Day) (Year) JULY 5 1951	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant		8. DATE OF BIRTH 7/4/51		9. AGE (In years last birthday) X		IF UNDER 1 YEAR Months Days X 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) X		10b. KIND OF BUSINESS OR INDUSTRY X		11. BIRTHPLACE (State or foreign country) Missouri			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME HARRY STAUDER		13b. MOTHER'S MAIDEN NAME MARY JANE BLENNER		14. NAME OF HUSBAND OR WIFE INFANT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X XN		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME HARRY STAUDER	
				ADDRESS 866 Chelsea	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Algalosis			INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity				
		DUE TO (c)				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 762.5		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 7/4/51, 1951, to 7/5/51, 1951, that I last saw the deceased alive on 7/5/51, 1951 and that death occurred at 2:30A m., from the causes and on the date stated above.

23a. SIGNATURE <i>Maurice J. ...</i>		(Degree or title)		23b. ADDRESS 8225 Clayton Road		23c. DATE SIGNED 7/5/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY Resurrection		24d. LOCATION (City, town, or county) (State) St Louis, Mo	

DATE REC'D BY LOCAL REG. 7-5-51		REGISTRAR'S SIGNATURE <i>Robert J. Ambruster</i>		25. FUNERAL DIRECTOR'S SIGNATURE Robert J. Ambruster		ADDRESS 6633 Clayton Rd.	
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WRITE PLAINLY—USING 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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Ernest W. Spillar

Signed.....

Student Embalmer

Licensed Embalmer No. *4080*

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.