

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41175**

**FILED DEC 12 1952**

REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **508** Registrar's No. **3095**

4001

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

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>NORMANDY Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>NORMANDY 4/7/0</b>	
c. LENGTH OF STAY (In this place) <b>Unknown</b>		d. STREET ADDRESS (If rural, give location) <b>1107 SAN BERNARDINO</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1107 SAN BERNARDINO</b>			

3. NAME OF DECEASED (Type or Print) <b>JOHN</b>	a. (First)	b. (Middle)	c. (Last) <b>TAETZ</b>	4. DATE OF DEATH <b>DEC. 2 1952</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>AUG. 10 1902</b>	9. AGE (In years last birthday) <b>50</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CLERK</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>WABASH R.R.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>MISSOURI D.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>JOHN F. TAETZ</b>	13b. MOTHER'S MAIDEN NAME <b>BARBARA CHOCOL</b>	14. NAME OF HUSBAND OR WIFE <b>ESTHER TAETZ</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	(If yes, give war or date of service) <b>NONE</b>	16. SOCIAL SECURITY NO. <b>702-05-0253</b>	17. INFORMANT'S SIGNATURE OR NAME <b>ESTHER TAETZ</b>	ADDRESS <b>NORMANDY Mo</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>unk</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>unknown natural causes</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <b>7955</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **4:08 A.M.** from the causes and on the date stated above.

23a. SIGNATURE <b>Herbert R. Donke M.D.</b> (Degree or title) <b>Herbert R. Donke M.D., Local Registrar</b>	23b. ADDRESS <b>651 S. Brentwood Blvd.</b>	23c. DATE SIGNED <b>12/8/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>DEC. 4 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS Mo.</b>
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DATE REC'D BY LOCAL REG. <b>12-2-52</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Donke M.D.</b>	25. FEDERAL DIRECTOR'S SIGNATURE <b>Thomas Curtis</b>	ADDRESS <b>2906 Gravois</b>
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6986  
St. 0767  
1-4 PM

**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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Leo J. Buddle

Licensed Embalmer No. 3989

P. O. Address St. Louis, 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.