

FILED AUG 31 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30448

BIRTH NO.

REG. DIST. NO. 318

318

PRIMARY REG. DIST. NO. 1003

1003

Registrar's No. 7635

7635

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2139 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis d. STREET ADDRESS (If rural, give location) 4933 Odell Av		
3. NAME OF DECEASED (Type or Print) Herman E. Staetter			4. DATE OF DEATH (Month) (Day) (Year) Aug 3 1953		
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0	
8. DATE OF BIRTH Mar 10 1878		9. AGE (In years last birthday) 75		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St Louis Mo 0	
12. CITIZEN OF WHAT COUNTRY? U S		13a. FATHER'S NAME Frank E. Staetter		13b. MOTHER'S MAIDEN NAME Anna Weckerl	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Clem T. Staetter		18. ADDRESS 4933 Odell Av			
MEDICAL CERTIFICATION					
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.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis. ANTECEDENT CAUSES 2) Diabetes Insipidus. 4 or 5 years Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 3) Senility DUE TO (c)		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH 20 years			
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) 272X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 6/25 19 53 to 8/3 19 53 that I last saw the deceased alive on 8/3 19 53, and that death occurred at 9 30 p.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <i>Emmanuel J. Basan, M.D.</i>			23b. ADDRESS 324 Frisco Bldg		23c. DATE SIGNED 8/4/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/5/53	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St Louis Mo.
DATE REC'D BY LOCAL REG. AUG 4 1953		REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Moydell Funeral Home 1926 Allen Av	

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Reinhold K. Lohman

Licensed Embalmer No. 3395

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.