

44485

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 11614BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.

c. LENGTH OF STAY (In this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri

b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louisd. STREET ADDRESS (If rural, give location) 6106 Alaska2019

3. NAME OF DECEASED (Type or Print)

a. (First)

b. (Middle)

c. (Last)

Frieda Staiger4. DATE OF DEATH (Month) (Day) (Year) 12-7-53

5. SEX

female

6. COLOR OR RACE

white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Sept. 11, 1874

9. AGE (In years last birthday)

79

IF UNDER 1 YEAR Months

IF UNDER 6 HRS. Hours Mtn.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10b. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

Y

13a. FATHER'S NAME

Fred Mayer

13b. MOTHER'S MAIDEN NAME

C. Lippot

14. NAME OF HUSBAND OR WIFE

FRED STAIGER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

nono

16. SOCIAL SECURITY NO.

no

17. INFORMANT'S SIGNATURE OR NAME

Henry Mayer 6106 Alaska

ADDRESS

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)

Peritonitis from

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

Perforation of Bowel due

DUE TO (c)

to Carcinoma-Colon

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Chronic myocarditis

INTERVAL BETWEEN ONSET AND DEATH

12 hours2 years10 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

153X

22. I hereby certify that I attended the deceased from 5-13, 1953 to 12-7, 1953, that I last saw the deceased alive on 12-6, 1953, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

Burchard Shultz M.D.

23b. ADDRESS

6806 Virginia Ave

23c. DATE SIGNED

12/7/53

24a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24b. DATE

12-9-53

24c. NAME OF CEMETERY OR CREMATORY

New St. Marcus

24d. LOCATION (City, town, or county) (State)

St. Louis County, Mo.

DATE REC'D BY LOCAL REG.

DEC 8 1953

REGISTRAR'S SIGNATURE

J. C. Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SOUTHERN FUNERAL HOME 6822 S. GRAND BLVD.

(Licensed Embalmer's Statement on Reverse Side)

ST. LOUIS 11, MO.

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

No. 300

10.48

FILED DEC 17 1953

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 *David Van Fossan*

Licensed Embalmer No. *4240*

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.