

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. FILED FEB 18 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 340

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE 770. b. COUNTY St. Louis	
b. CITY OR TOWN Richmond Hts.	c. LENGTH OF STAY (in this place) 1 Day	c. CITY OR TOWN Webster Groves	d. Is Residence within limits of a city or incorporated town? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys. Hosp.		e. STREET ADDRESS (If rural, give location) 676 Marshall 570	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Elmer c. (Last) Statzel	4. DATE OF DEATH (Month) (Day) (Year) Feb. 5-1954
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Feb 28-1881	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST	10b. KIND OF BUSINESS OR INDUSTRY Stoker Mfg.	11. BIRTHPLACE (City and State or Foreign Country) Jefferson Co., Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Richard Statzel	13b. MOTHER'S MAIDEN NAME Ann Kempe	14. NAME OF HUSBAND OR WIFE Ida Brown
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 492-07-0394	17. INFORMANT'S SIGNATURE OR NAME Charles Statzel-Webster Groves Mo	ADDRESS Webster Groves Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) Myocardial Heart Disease		
	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	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) (Min.)	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 **Jan 13, 1954** to **Feb 5, 1954**, that I last saw the deceased alive on **1-5-1954**, and that death occurred at **7:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. J. Vollenor M.D.	23b. ADDRESS 3301 Big Bend	23c. DATE SIGNED 2/6/54
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24a. EMBALMER'S SIGNATURE (REMOVAL)	24b. DATE 2-8-54	24c. NAME OF CEMETERY OR CREMATORY CITY	24d. LOCATION (City, town, or county) (State) De Soto 770
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DATE REC'D BY LOCAL REG. 2-7-54	REGISTRAR'S SIGNATURE Nestor R. Donke M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Lee Mathershead	ADDRESS De Soto Mo
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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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Andrew H. Englar*

Licensed Embalmer No. *474*

P. O. Address *De Soto*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.