

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 6 1956

State File No. **42649**
Registrar's No. **11393**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (in this place) 40 yrs.	c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 4126 W. Natural Bridge		e. STREET ADDRESS (If rural, give location) 4126 W. Natural Bridge	
3. NAME OF DECEASED (Type or Print) a. (First) Gustave	b. (Middle) G.	c. (Last) Staats	4. DATE OF DEATH (Month) (Day) (Year) Dec. 27, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 31, 1887
9. AGE (in years last birthday) 67 yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired.	10b. KIND OF BUSINESS OR INDUSTRY Grocer & Butcher	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri.
12. CITIZEN OF WHAT COUNTRY? USA	13a. FATHER'S NAME _____	13b. MOTHER'S MAIDEN NAME _____	14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 496-34-5443	17. INFORMANT'S SIGNATURE OR NAME Mr. Elizabeth Staats, 4126 W. Nat'l Bridge	ADDRESS _____
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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 12 mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA Right Lung		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 163X-162X			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Emphysema of Lungs.			

19a. DATE OF OPERATION 7-20-55	19b. MAJOR FINDINGS OF OPERATION CARCINOMA Filling Right bronchial Tree	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 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 **July 18, 1955**, to **December 27, 1955**, that I last saw the deceased alive on **December 23, 1955**, and that death occurred at **9:30 a.m.**, from the causes and on the date stated above.

23. SIGNATURE J. Eugene Lewis Jr. (Degree or title) MD	23b. ADDRESS 1325 South Grand St. Louis 21.	23c. DATE SIGNED 12-27-55
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24. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Dec. 30, 1955	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County Missouri
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DATE REC'D BY LOCAL REG. DEC 28 1955	REGISTRAR'S SIGNATURE Calvin F. Feutz MD	25. FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FEUTZ	ADDRESS 4828 Nat'l. Bridge, 15
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(Licensed Embalmer's Statement on Reverse Side)

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

St. Louis City

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..... *Ralph C. Lindner*

Licensed Embalmer No. *422*

P. O. Address..... *St. Louis*

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.