

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-030989

STATE FILE NUMBER

FILED AUG 28 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8005

300  
1-57

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis-Little Rock Hospitals, Inc.		Length of stay in lb 24 days	d. STREET ADDRESS (If outside, give location) 3960 Tholozan Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Florian Francis Stauder			4. DATE OF DEATH Month Day Year August 14, 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY 5, 1895		9. AGE (In years last birthday) 65
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stenographer		10b. KIND OF BUSINESS OR INDUSTRY Railroad, Mo. Pac.	11. BIRTHPLACE (City and state or country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME PHILIP STAUDEB		13b. MOTHER'S MAIDEN NAME EVA SCHMITT		14. NAME OF HUSBAND OR WIFE Olga Stauder	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or Unknown) (If "Yes" or "No" give service) YES World War I		16. SOCIAL SECURITY NO.		17. INFORMANT Address OLGA STAUDEB 3960 THOLOZAN	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction, acute DUE TO (b) Arteriosclerosis DUE TO (c) 420.1 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 10 days 5 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Encephalopathy ; hypertension			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from July 22, 1958 9:55 p.m. and last saw him alive on August 14, 1958		Death occurred at August 14, 1958		

22a. SIGNATURE (Degree or title) R. Greiner		22b. ADDRESS 1755 So. Grand Blvd.		22c. DATE SIGNED 8-15-58
--	--	--------------------------------------	--	-----------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE AUG 18, 1958	23c. NAME OF CEMETERY OR CREMATORY CALVARY	23d. LOCATION (City, town, or county) (State) LITTLE ROCK ARK
---	---------------------------	---	--

24. FUNERAL DIRECTOR Kutis Funeral Home- St. Louis, Mo.	25. DATE RECD. BY LOCAL REG. AUG 18 '58	26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. S.P.
--	--	--

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

AIN

**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 *Samuel C. Dill* .....

Licensed Embalmer No. *4347* .....  
P. O. Address *2906 Sea* .....

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.