. Health,
& Welfare
. Public
h Service

S. 300
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-031306
STATE FILE NUMBER

AUG 18 1958 Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2079

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) RICHMOND HEIGHTS MO — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 7300 BRUNO AVE — Length of stay in 1b years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY St. Louis
c. CITY OR TOWN RICHMOND HEIGHTS MO 4485 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 7300 BRUNO AVE — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ROBERT Middle F Last STAUDTE
4. DATE OF DEATH Month 8 Day 8 Year 1958
5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 10-18-1876
9. AGE (In years last birthday) 8 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATCHMAN
10b. KIND OF BUSINESS OR INDUSTRY COMMERICAL WATCHMAN
11. BIRTHPLACE (City and state or country) ST. LOUIS MO
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME ROBERT A. STAUDTE
13b. MOTHER'S MAIDEN NAME KATHERINE HEIL
14. NAME OF HUSBAND OR WIFE LOUISE STAUDTE
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. 498-01-0719
17. INFORMANT LOUISE STAUDTE Address 7300 BRUNO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis
DUE TO (c) 331X
INTERVAL BETWEEN ONSET AND DEATH 2 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Aug. 6, 1958, to Aug. 9, 1959 and last saw ~~her~~ him alive on Aug. 7, 1958
Death occurred at 4:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Foster A. Dill MD.
22b. ADDRESS 7346 a Manchester ave Maplewood 17, Mo.
22c. DATE SIGNED 8-9-58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 8-11-1958
23c. NAME OF CEMETERY OR CREMATORY BETHANY CEMETERY
23d. LOCATION (City, town, or county) ST. LOUIS COUNTY (State) MO

24. FUNERAL DIRECTOR ADDRESS HOWARD MICHEL 5930 SOUTHWEST
25. DATE RECD. BY LOCAL REG. 8-9-58
26. REGISTRAR'S SIGNATURE Herbert B. Domke MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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 W E Morris

Licensed Embalmer No. 3360

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.