

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031735

FILED VS SEP 7 1960

310

Primary Registration District No. 3058

Registrar's No. 167

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles		Length of stay in 1b 2 Hours	c. CITY OR TOWN St. Charles
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 604 S. Benton
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First August Middle H. Last Staggemeier			4. DATE OF DEATH Month August Day 25 Year 1960			
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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 7/8/1881	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months 1 Days 17	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocer	10b. KIND OF BUSINESS OR INDUSTRY Grocery	11. BIRTHPLACE (City and state or country) St. Charles, Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME William Staggemeier	13b. MOTHER'S MAIDEN NAME Catherine Helmich	14. NAME OF HUSBAND OR WIFE Minnie Waldley Staggemeier
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 487-38-4885	17. INFORMANT Mrs. Minnie Staggemeier	Address St. Charles
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Anteroseptal Myocardial Infarction	INTERVAL BETWEEN ONSET AND DEATH 12 HRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) Arteriosclerotic Coronary Artery Disease	unknown
DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year 	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
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21. I attended the deceased on July 1955 to 8-25-60 and last saw him alive on 8-25-60
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Death occurred at 9:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Paul H. Koster MD	22b. ADDRESS St. Charles, Mo	22c. DATE SIGNED 8-26-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Buried	23b. DATE 8/27/1960	23c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery	23d. LOCATION (City, town, or county) (State) St. Charles, Mo.
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24. FUNERAL DIRECTOR Arthur C. Baue, St. Charles, Mo.	ADDRESS 	25. DATE RECD. BY LOCAL REG. Aug 26-60	26. REGISTRAR'S SIGNATURE Marcella Wilson
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 23 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed David C. Lane

Licensed Embalmer No. 5060

P. O. Address N.Y. Chan

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.