MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7524

-61-031140
STATE FILE NUMBER

AMENDED

FILED AUG 18 1961

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 3 Weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Anthony's Hospital
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri COUNTY: St. Louis
c. CITY OR TOWN: Lemay
Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 8648 S. Grand Ave
Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: OSCAR Middle: ANTHONY Last: STAUB
4. DATE OF DEATH: Month 8 Day 12 Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married X Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-14-1890
9. AGE (last birthday): 71 Yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and state or country): Mascoutah Illinois U.S.A.
12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME: August Staub
13b. MOTHER'S MAIDEN NAME: Caroline Wolfsberger
14. NAME OF HUSBAND OR WIFE: Hilda Staub
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.:
17. INFORMANT: Hilda Staub Address: 8648 S. Grand Ave (25)

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 VASCULAR ACCIDENT — INTERVAL BETWEEN ONSET AND DEATH: 6 Hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): GENERALIZED ARTERIOSCLEROSIS — 5 yrs.
DUE TO (c): DIABETES MELLITUS. 260 x — 5 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): MULTIPLE MYOCARDIAL INFARCTIONS.
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X
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 9/1/60 to 8/12/61 and last saw ~~her~~ him alive on 8/12/61
Death occurred at 11:40 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE: Charles [illegible] M.D. (Degree or title)
22b. ADDRESS: 7430 VIRGINIA AVE
22c. DATE SIGNED: 8/14/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 8/16/61
23c. NAME OF CEMETERY OR CREMATORY: Mt. Hope Cemetery
23d. LOCATION (City, town, or county) (State): Lemay Mo.
24. FUNERAL DIRECTOR: Fendler Und. Co. ADDRESS: 7480 Michigan
25. DATE RECD. BY LOCAL REG.: AUG 14 1961
26. REGISTRAR'S SIGNATURE: Earl Smith. M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7420 Michiga

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.