

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

23461
Do not use this space.

REC'D AUG 12 1938

791
1003

6155

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No. Registered No.
(c) City St. Louis Mo. (d) Street No. St. Anthony Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Eva Stauder

(a) Residence, No. 3510 A Arsenal St. St. 16 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Philip Stauder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 8 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 7 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Matron
9. Industry or business in which work was done, as saw mill, bank, etc. Peabody School
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

FATHER 13. NAME Philip Schmidt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Veronica Bettlach
(ADDRESS) 3510 A Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE S.S. Peter & Paul DATE July 12 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thor Curtis
2906 Gravois Ave.

20. FILED JUL 10 1938 J. D. Bredich
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9th 1938

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1938, to July 9, 1938.
I last saw her alive on July 8, 1938. Death is said to have occurred on the date stated above, at 12.50 AM

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis 3 days
Caeseroma of osmentum

Other contributory causes of importance:

Metastasis of abdominal organs
Name of operation Lap Date of 7/8/38
What test confirmed diagnosis? Lap Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Albert J. Byron, M. D.
(Address) 1541 1/2 St. Louis

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,

Thos. L. Curtis

, or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Thos. L. Curtis

Licensed Embalmer No.

1619

P. O. Address

2906 Groves

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 this body is not embalmed, above space should be left blank.