

No. 2  
1-4-41  
17-39

X2590

FILED JUN 25 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. **17000**

791

1003

Registrar's No. **4518**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

### 1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Lutheran Hospital 1)  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community \_\_\_\_\_

3. (a) PRINT FULL NAME Louis W. Staake  
 3. (b) If veteran, name war None 3. (c) Social Security No. A92-01-953

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower?  
 6. (b) Name of husband or wife Late Elenora L. Staake 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Nov. 2nd 1887  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>6</u>	<u>25</u>	_____ hr. _____ min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Foreman

11. Industry or business International Shoe Co.

MOTHER FATHER { 12. Name Henry Staake

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Leiteberg

15. Birthplace Germany?  
(City, town, or county) (State or foreign country)

16. (a) Informant Lorene Staake

(b) Address 6045 Wanda Ave.

17. (a) Burial (b) Date thereof 5-31-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuar  
 (b) Address 4228 So. Kingshighway Blvd

19. (a) MAY 29 1941 (Date received local registrar)  
J. T. Braden (Registrar's signature)

### 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000  
 (c) City or town St. Louis 217  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 6045 Wanda Ave. 1  
(If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country \_\_\_\_\_

### MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27  
 year 1941 hour 9:15 minute 0 P. M.

21. I hereby certify that I attended the deceased from May 25 1941 to May 27 1941  
 that I last saw him alive on May 27 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death General Peritonitis  
Ruptured appendix

Duration
<u>2</u>

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1 1 1  
 Of autopsy \_\_\_\_\_

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature H. A. Schumey (M. D. or other) 03  
 Address 6811 A. Beaver Date signed 5/28/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Signed *Edwin M. Bennett*

Licensed Embalmer No. *3024*

P. O. Address.....

**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, fact should be so stated above.**