S. No. 2
I—5-42
5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32472

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8996

1. PLACE OF DEATH:

(a) County

(b) City or town SSt. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Alexian Bros. Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week (Specify whether

In this community 55 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12

(c) City or town St. Louis 9 (If outside city or town limits, write "RURAL")

(d) Street No. 2349 Hickory St. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME GEORGE ELLSWORTH STAVER

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Hanna Staver

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased 15 (Month) 20 (Day) 1861 (Year)

8. AGE: Years 81 Months 5 Days 6 If less than one day hr. min.

9. Birthplace Scottland (City, town, or county) Penn. 1 (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name Henry Staver
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Catherine Beam
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Ellsworth Staver

(b) Address 2349 Hickory St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-29-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd

19. (a) OCT 29 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26 day October year 1942 hour 9 minute 05 A M.

21. I hereby certify that I attended the deceased from 9/15/ 1942, to 10/26 1942 that I last saw him alive on 10/26 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Failure	2 days
Due to: Chronic myocarditis	2 years
Due to:	
Other conditions: Arterio sclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. Hofmeister (M. D. or other)

Address 3458 N. Grand Bl Date signed 10/27/42

844

(Licensed Embalmer's Statement on Reverse Side)

Dir. Hoffmeister
3858 S. Grand. Ph. 1296.

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 Jos. E. McCullob

Licensed Embalmer No. 2463

P. O. Address 6135 Delmar

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.