

FILED DEC 3 1943

Registration District No. Primary Registration District No. 1005

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:
4530 Clarence Ave
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether)
 In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
99
 (d) Street No. 4530 Clarence Ave
(If rural, give location)
 (e) Citizen of foreign country?.....
If yes, name country 0 (Yes or No)

3. (a) PRINT FULL NAME Louis Staehle
 (b) If veteran, name was None
 (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November 21,
 1943 day 8:30 AM
 year hour minute M.

21. I hereby certify that I attended the deceased from Apr 1 - 1940
 to Nov 21 1943
 that I last saw him alive on Nov 20 1943
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Magdalena Staehle nee Becker
 (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased April 14, 1872
(Month) (Day) (Year)

Immediate cause of death.....
Chronic Myocarditis
 Duration 3 yrs

Due to.....
 Due to.....

Other conditions Arterio sclerosis
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>7</u>	<u>7</u>	hr. min.

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

10. Usual occupation Retired Wood Carver

11. Industry or business.....

MOTHER FATHER { 12. Name Louis Staehle
 13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown Privan
 15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

Major findings:
 Of operations.....
 Of autopsy.....

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

16. (a) Informant Magdalena Staehle
 (b) Address 4530 Clarence Ave

17. (a) Burial (b) Date thereof 11/24/43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bellefontaine Cemetery

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?

18. (a) Signature of funeral director Math Hermann & Son
2161 East Fair Ave
 (b) Address
 19. (a) NOV 23 1943 (b) J. F. Bruders
(Date received local registrar) (Registrar's signature)

While at work?.....
(Specify type of place) (c) Means of injury

23. Signature Letty P. Smith (M. D. or other)
 Address 4500 Clarence Date signed Nov 22 - 1943

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

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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..... *Francis O. Williamson*

Licensed Embalmer No. *3362*

P. O. Address..... *St Louis Mo*

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.