

No. 2
1-5-43
5-17-39
I X36671

FILED OCT 28 1946
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Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: DE PAUL HOSP. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 YRS. (Specify whether years, months or days)
In this community 40 YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town ST. LOUIS 2017
(If outside city or town limits, write "RURAL")
(d) Street No. 1845 RAUSCHENBACH 9
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country =

3. (a) PRINT FULL NAME LEE, JOHN STAEGER

3. (b) If veteran, name war No
3. (c) Social Security No. 494-10-9982

4. Sex M. 0 5. Color or race W.
6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MINNIE (KUEKER)
6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased JULY 21 1889
(Month) (Day) (Year)

8. AGE: Years 57 Months 2 Days 21
If less than one day hr. min.

9. Birthplace MARINE ILL.
(City, town, or county) (State or foreign country)

10. Usual occupation INSPECTOR

11. Industry or business IRON RANGE CO

12. Name JOHN A. STAEGER

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

14. Maiden name JUNKER

15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie Staeger

(b) Address 1845 Rauschenbach

17. (a) BURIAL (b) Date thereof OCT 16 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MARINE, ILL.

18. (a) Signature of funeral director Walter H. Souverain

(b) Address 1936 N. Louis Ave

19. (a) OCT 15 1946 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12th
year 1946 hour 6:40 minute PM M.

21. I hereby certify that I attended the deceased from 6-1-46 to 10-12-46
that I last saw him alive on 16-12-46
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Duration don't know.

Due to none.

Due to 93

Other conditions: (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

Walter H. Souverain M.D.

Address 1506 N. Louis Date signed

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

MOTHER FATHER

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.....
Heath Paulson

Licensed Embalmer No. *4114*

P. O. Address. *1936 St. Louis Ave*

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.