No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36315

FILED NOV 14 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10175

433

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

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: Enroute to City Hosp. 2
(If not in hospital or institution, write street number or location)

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

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3513 Halliday Av. 9
(If rural, give location)

(e) Citizen of foreign country? 16 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Joseph Taetz

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Augusta Taetz

6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased April 7 1857
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
90	6	26	hr. min.

9. Birthplace New York 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Cooper

11. Industry or business

FATHER
12. Name Wenzel Taetz
13. Birthplace Bohemia 8
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Bohemia 8
(City, town, or county) (State or foreign country)

16. (a) Informant Augusta Taetz
(b) Address 3513 Halliday Av.

17. (a) Burial (b) Date thereof 11-6-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation N. St. Marcus Cem.

18. (a) Signature of funeral director Witt Bros. Lx Nlo
(b) Address 2929 S. Jefferson Av.

19. (a) NOV 4 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3
year 1947 hour 1 minute 15 p. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Antero Sclerotic Heart	
Due to Disease	
Due to 93d	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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 2

23. Signature Alfred Perry (M. D. or other)

Address Deputy Coroner Date signed 11/4/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 324

P. O. Address 2929 So Jefferson

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.