. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 28 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40217

Primary Registration District No. 1003

Registrar's No. 10537

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: DePaul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 6 Hours (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000

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

(d) Street No.: 5814 Henner Ave 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Ausust G. Staples

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Mabel Staples

6. (c) Age of husband or wife if alive: 55 years

7. Birth date of deceased: April (Month) 15 (Day) 1888 (Year)

8. AGE: Years 59 Months 6 Days 29 If less than one day: hr. min.

9. Birthplace: Mt. Vernon Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation: Boiler Maker

11. Industry or business: Combustion Engineering Co

FATHER
12. Name: Henry Staples
13. Birthplace: Kentucky
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Cecelia Farris
15. Birthplace: Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant: Mabel Staples
(b) Address: 5814 Henner Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov 18 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: MEMORIAL PARK CEMETERY.

18. (a) Signature of funeral director: Calvin F Feutz
(b) Address: 4828 Nat Bridge Blvd

19. (a) NOV 16 1947 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 14 year 1947 hour 10. minute 67. P M.

21. I hereby certify that I attended the deceased from April, 1945 to Nov. 14, 1947 that I last saw h. alive on Nov 14, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Apoplexy	2 days
Due to: Hypertension	
Due to:	
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: 0

23. Signature: Nicholas J. Honch (M. D. or other)

Address: 8902 Riverview Date signed: 11-15-47

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 Ralph C Linders

Licensed Embalmer No. 1275

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.