

FILED JUN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18678**
4736

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>	
c. LENGTH OF STAY (In this place) <i>33 yrs.</i>		d. STREET ADDRESS (If rural, give location) <i>1845^a Rauschenbach Ave.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Christian Hospital</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Minnie</i> b. (Middle) <i>Staege</i> c. (Last) <i>Staege</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>May 27 1950</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>October 2, 1890</i>		9. AGE (In years last birthday) UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min. <i>59</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>-</i>	11. BIRTHPLACE (State or foreign country) <i>Troy, Illinois</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>

13a. FATHER'S NAME <i>William Tucker</i>		13b. MOTHER'S MAIDEN NAME <i>Minnie Schlimme</i>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Robert Lee Staege 1845^a Rauschenbach</i>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Congestive Heart Failure</i>			INTERVAL BETWEEN ONSET AND DEATH	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Rheumatic Heart Disease</i>				
	DUE TO (c)				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Hickory</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *1978* to *May 27, 1950*, that I last saw the deceased alive on *May 27, 1950*, and that death occurred at *5:56 P. m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Jules Elson M.D.</i>	23b. ADDRESS <i>607 N. Grand</i>	23c. DATE SIGNED <i>5/29/50</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>May 31, 1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Marine, Illinois</i>	24d. LOCATION (City, town, or county) (State) <i>Marine, Illinois</i>
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DATE REC'D BY LOCAL REG. <i>MAY 29 1950</i>	REGISTRAR'S SIGNATURE <i>J. B. Lasater</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Reiderwieden Funeral Home, Inc.</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1 705 P.M.
NEWSTEAD 3663

me

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.....

working under my personal supervision.

Student Embalmer No.....

Signed *Delis J. Krupin*

Signed.....
Student Embalmer

Licensed Embalmer No. *3492*

P. O. Address *1936 St. Louis*

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.