

FILED JUN 29 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22041

#45964

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 5400

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5400			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2209					
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.				d. STREET ADDRESS (If rural, give location) 3225 Montgomery St., U					
3. NAME OF DECEASED (Type or Print)			a. (First) CHARLES		b. (Middle) STAAT		c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) June 18th, 1950		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Mar. 3rd, 1877	
9. AGE (In years last birthday) 73		10. MONTHS 3		11. YEARS 16		12. HOURS 16		13. MIN. 16	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Oiler			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Missouri U		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Charles Staat			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dolores Velz 3648 Michigan Ave.,				
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, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MEDICAL CERTIFICATION Thrombosis of Rt femoral artery ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis and DUE TO (c) arteriosclerotic heart disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Amputation of Rt Leg						INTERVAL BETWEEN ONSET AND DEATH 2 Wks	
19a. DATE OF OPERATION 6-10-50		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5:55 p.m. 6/18/50		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H 2000					
22. I hereby certify that I attended the deceased from 6/7/50, 19, to 6/18/50, 19, that I last saw the deceased alive on 6/18/50, 19, and that death occurred at 12:50 a.m., from the causes and on the date stated above.									
23a. SIGNATURE J. C. Pennington M.D. U (Degree or title)				23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 6/19/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial U		24b. DATE June 21, 1950		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
DATE RECD BY LOCAL REG. JUN 20 1950 REG.		REGISTRAR'S SIGNATURE J. B. Baseler			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thos Kutis 2906 Gravois Ave.,				

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Student Embalmer

Signed

Leo J. Buddle

Licensed Embalmer No.

3989

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.