

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43841

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11365

1. PLACE OF DEATH
a. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN St. Louis

c. LENGTH OF STAY (in this place) 12 days

d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY _____

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2169

d. STREET ADDRESS (If rural, give location) 3229a Pennsylvania 0

3. NAME OF DECEASED
a. (First) Helmuth
b. (Middle) _____
c. (Last) Staffeldt

4. DATE OF DEATH (Month) (Day) (Year) 12/8/52

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married
8. DATE OF BIRTH Feb. 22, 1874
9. AGE (In years last birthday) 78

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waiter
10b. KIND OF BUSINESS OR INDUSTRY Mo. Athletic Club
11. BIRTHPLACE (City and State or Foreign Country) Germany
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Minnie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
16. SOCIAL SECURITY NO. ---
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Minnie Staffeldt-3229a Pennsylvania

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Thyroid
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
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 NO

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) St. Louis Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK _____
21f. HOW DID INJURY OCCUR? 161X

22. I hereby certify that I attended the deceased from 12/1/52, 19____, to 12/8/52, 19____, that I last saw the deceased alive on 12/8/52, 19____, and that death occurred at 6:00p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. W. Wacker, M.D.
23b. ADDRESS 539 N. Grand
23c. DATE SIGNED 12/9/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 12/11/52
24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.
24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri

DATE REC'D BY LOCAL REG. DEC 10 1952
REGISTRAR'S SIGNATURE W. W. Wacker, M.D.
FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wacker - Welden - 3634 Gravois
(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.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed.....

Robert C. Wheeler

Licensed Embalmer No. 2128

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.