

FILED AUG 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25862

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1792

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>unk.</u> b. COUNTY <u>unk.</u>	
b. CITY OR TOWN <u>Manchester</u>		c. CITY OR TOWN <u>unk.</u>	
c. LENGTH OF STAY (in this place) <u>6 yr</u>		4000	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pine Crest Homes</u>		d. STREET ADDRESS <u>unk.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Gus</u>	b. (Middle) <u>Starf</u>	c. (Last) <u>Starf</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7-20-54</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unk.</u>	8. DATE OF BIRTH <u>Feb 8, 1898</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days	IF UNDER 11 HRS. Hours	IF UNDER 11 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unk.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>unk.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>GERMANY</u>	12. CITIZEN OF WHAT COUNTRY? <u>unk.</u>
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13a. FATHER'S NAME <u>unk.</u>	13b. MOTHER'S MAIDEN NAME <u>unk.</u>	14. NAME OF HUSBAND OR WIFE <u>unk.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unk.</u>	16. SOCIAL SECURITY NO. <u>unk.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records - Pine Crest Home, Manchester, Mo.</u>	ADDRESS <u>unk.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Dehydration</u>		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) _____ 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 <u>4343</u>	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 6-1, 1954, to 7-20, 1954, that I last saw the deceased alive on 7-18, 1954, and that death occurred at 8:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>R. A. Thiesman</u>	(Degree or title)	23b. ADDRESS <u>Likewood, Mo.</u>	23c. DATE SIGNED <u>7/20/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>ANATOMICAL</u>	24b. DATE <u>7/23/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Bond</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis - Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7/23/54</u>	REGISTRAR'S SIGNATURE <u>Hebert R. Romberg</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bowland-Aker Mortuary Service</u>	ADDRESS <u>4104 Manchester Ave. St. Louis 10, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

COUNTY ANATOMICAL

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.