

FILED SEP 8 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29098

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 1058		Registrar's No. 213			
1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles			c. LENGTH OF STAY (in this place) 3 WKS.		c. CITY OR TOWN Cappeltn		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital				e. STREET ADDRESS (If rural, give location) Cappeltn, Missouri				of 2 <sup>o</sup>	
3. NAME OF DECEASED (Type or Print) a. (First) Henry			b. (Middle) F.		c. (Last) Staake		4. DATE OF DEATH (Month) (Day) (Year) Sept. 2, 1957		
5. SEX <input type="radio"/> Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH April 4, 1892.		9. AGE (In years last birthday) 65 if UNDER 1 YEAR Months 4 Days 28 if UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming			11. BIRTHPLACE (City and State or Foreign Country) St. Charles County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry Staake			13b. MOTHER'S MAIDEN NAME Minnie Schnarre			14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes World War I			16. SOCIAL SECURITY NO. 490-28-5376		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Brinkmann St. Charles, Mo.				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PNEUMONIA  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 493X  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE						INTERVAL BETWEEN ONSET AND DEATH 3 WKS.   10 YRS	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 May, 1956, to Sept. 2, 1957, that I last saw the deceased alive on Sept 1, 1957, and that death occurred at 6:00 P. m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Paul H. Rother M.D.				23b. ADDRESS St. Charles, Mo.			23c. DATE SIGNED 9/4/57		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 5, 1957		24c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery		24d. LOCATION (City, town, or county) (State) St. Charles, Mo.			
DATE RECD BY LOCAL REG. SEPT. 5 1957		REGISTRAR'S SIGNATURE Muelles Wilson			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arthur C. Deas Funeral Home, St. Charles				

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 9 1957

SEP 19 1957

**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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 311

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.