

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015777

STATE FILE NUMBER 1249
Registration District No. 2
Primary Registration District No.

Health, Welfare
Public
Service

300
-57

63
0

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

FILED MAY 14 1959

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital		d. STREET ADDRESS (If outside, give location) 6154 Crescent Ave.	
3. NAME OF DECEASED (Type or print) First Middle Last HARRY O. STANDFUSS			4. DATE OF DEATH Month Day Year Apr. 27 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 23, 1885
9. AGE (In years (month birthday)) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker (Retired) Warner-Noll Bake Shop	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME John G. Standfuss	
14. MOTHER'S MAIDEN NAME Clara Hoering		14. NAME OF HUSBAND OR WIFE Minnie Standfuss	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No None		16. SOCIAL SECURITY NO. 486-28-1766	17. INFORMANT Minnie Standfuss Address 6154 Crescent Ave.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Terminal Carcinomatosis</u> DUE TO (b) <u>Carcinoma Rt. Lung</u> DUE TO (c) <u>Bronchogenic Ca of Rt. Lung</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>2 yrs.</u>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>None</u> 162.1	
20c. TIME OF INJURY Hour Month, Day, Year p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>1950</u> to <u>April 25, 1959</u> and last saw her alive on <u>April 27, 1959</u> Death occurred <u>11:00 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Dee or title) <u>D. W. Mays</u>	
22b. ADDRESS <u>So. Suburban Dr. Bly</u>		22c. DATE SIGNED <u>4-30-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE May 1, 1959	23c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery
23d. LOCATION (City, town, or county) St. Louis Co. Mo.		(State)	
24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway		25. DATE RECD. BY LOCAL REG. APR 30 '59	26. REGISTRAR'S SIGNATURE <u>M. D. Smith</u>

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 *William D. White*

Licensed Embalmer No. *1291*

P. O. Address *428 1/2 E. High*

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.