

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-017360

FILED VS. APR 22 1960

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STATE FILE NUMBER

|  |  |  |  |   |  |  |   |   |  |  |  |                              |  |
|--|--|--|--|---|--|--|---|---|--|--|--|------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY                                 |  |  |   |   |  |  |  |                              |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>  |  | Length of stay in 1b<br>-----  |  | c. CITY OR TOWN <b>St. Louis</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |   |  |  |  |                              |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><b>De Paul Hospital</b>  |  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   | d. STREET ADDRESS (If outside, give location)<br><b>4126 W. Natural Bridge Blvd.</b> |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |   |  |  |  |                              |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>ELIZABETH</b> Middle <b>H.</b> Last <b>STAATS</b>   |  |  |  | 4. DATE OF DEATH<br>Month <b>April</b> Day <b>12th</b> , Year <b>1960</b>   |  |  |   |   |  |  |  |                              |  |
| 5. SEX<br><b>Female</b>  |  | 6. COLOR OR RACE<br><b>White</b>   |  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>10-14-87</b>  |   | 9. AGE (last birthday)<br><b>72</b>   |  | IF UNDER 1 YEAR<br>Months Days                                     |  | IF UNDER 24 HR<br>Hours Min. |  |
| 10a. USUAL OCCUPATION (Give kind of work done during any of working life, even if retired)<br><b>Housework</b>   |  |  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Own Home</b>  |  | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis, Missouri</b>             |   | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>   |  |  |  |                              |  |
| 13a. FATHER'S NAME<br><b>William Bockstruck</b>  |  |  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Elizabeth Herhold</b>   |  |  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Late Gustave Staats</b>   |  |  |  |                              |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No None</b>  |  |  |  | 16. SOCIAL SECURITY NO.<br><b>None</b>  |  | 17. INFORMANT<br>Address<br><b>Raymond Staats, 4126 W. Natural Bridge Bl.</b>        |   |   |  |  |  |                              |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Arterio-sclerotic Endocarditis</b><br>DUE TO (b) <b>Arterio-sclerotic</b><br>DUE TO (c) <b>421.4F</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  |  |  |   |  |  |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 yrs.</b><br><b>5 yrs.</b> |  |                              |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Fractured Left hip</b>   |  |  |  |   |  |  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |  |  |  |                              |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  | 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><b>Fell off a chair w her home.</b>                         |  |  |   |   |  |  |  |                              |  |
| 20c. TIME OF INJURY<br>Hour <b>8</b> p.m.<br>Month, Day, Year<br><b>4/8/60</b>   |  | 20d. INJURY OCCURRED WHILE AT WORK <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.)<br><b>Her home</b>   |  | 20f. CITY, TOWN, OR LOCATION<br><b>4126 W. Nat. Bridge St. Louis Mo</b>              |   | COUNTY  |  | STATE  |  |                              |  |
| 21. I attended the deceased from <b>1940</b> to <b>1960</b> and last saw her alive on <b>4/12/60</b><br>Death occurred at <b>7:30 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.   |  |  |  | 22a. SIGNATURE<br><b>H. William O. Mowrey M.D.</b> (Degree or title)  |  | 22b. ADDRESS<br><b>3625 Fair One</b>   |   |   |  | 22c. DATE SIGNED<br><b>4/14/60</b>                                 |  |                              |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  |  | 23b. DATE<br><b>4-15-60</b>  |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Memorial Park Cemetery</b>   |  | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Missouri</b>   |   |   |  |  |  |                              |  |
| 24. FUNERAL DIRECTOR<br><b>WALTER F. FEUTZ, 4828 Natural Bridge Blvd, FUNERAL HOME, St. Louis, 15, Missouri.</b>   |  |  |  | 25. DATE RECD. BY LOCAL REG.<br><b>APR 14 1960</b>  |  | 26. REGISTRAR'S SIGNATURE<br><b>Earl Smith, M.D.</b>                                 |   |   |  |  |  |                              |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *John A. Melina*

Licensed Embalmer No. 4186

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.