

**-MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038059

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9460 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB  
AMENDED

VS 300 Rev. 4/59	DATE AMENDED
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2 <u>2/69</u>	
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13	
<u>91</u>	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
	INSTEAD OF
	DOCUMENT
	MEDICAL CERTIFICATION
	BY AFFIDAVIT OF
	ITEM NO. SHOULD READ

**FILED OCT 10 1963**

**1. PLACE OF DEATH**  
a. COUNTY \_\_\_\_\_  
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b 70 years  
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. City Hospital Inside Limits Yes  No

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY \_\_\_\_\_  
c. CITY OR TOWN St. Louis Inside Limits Yes  No   
d. STREET ADDRESS (if outside, give location) 3526a S. Compton Reside on Farm Yes  No

**3. NAME OF DECEASED** First Middle Last (Type or print) Minnie Staffeldt  
**4. DATE OF DEATH** Month Day Year 9/20/63

**5. SEX** Female **6. COLOR OR RACE** White **7. Married**  Never Married  Widowed  Divorced   
**8. DATE OF BIRTH** 1/10/74 **9. AGE (last birthday)** 89 **IF UNDER 1 YEAR** Months Days **IF UNDER 24 HR** Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Housewife **10b. KIND OF BUSINESS OR INDUSTRY** Home **11. BIRTHPLACE** (City and state or country) Germany **12. CITIZEN OF WHAT COUNTRY** USA

**13a. FATHER'S NAME** Carl Lewin **13b. MOTHER'S MAIDEN NAME** Wilhelmina Stopeman **14. NAME OF HUSBAND OR WIFE** Helmuth

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service) no **16. SOCIAL SECURITY NO.** \_\_\_\_\_ **17. INFORMANT** Nettie Winner--1732 Claudine Address \_\_\_\_\_

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Shock resulting from hemorrhage resulting from compound fracture of the pelvis on the left side, suffered when struck by car operated by one Gary Shoemaker in front of about 3460 South Compton about 10:27 a.m. on September 20, 1963. ACCIDENT  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) \_\_\_\_\_  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) \_\_\_\_\_  
PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

**19. WAS AUTOPSY PERFORMED?** YES  NO  **20a. ACCIDENT**  **SUICIDE**  **HOMICIDE**  **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.) see above

**20c. TIME OF INJURY** Hour a.m. Month, Day, Year 10:27 a.m. 9/20/63

**20d. INJURY OCCURRED WHILE AT WORK**  NOT WHILE AT WORK  **20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) street 16 **20f. CITY, TOWN, OR LOCATION** St. Louis, Mo. COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

**21. I attended the deceased from** \_\_\_\_\_, to \_\_\_\_\_, and last saw her/him alive on \_\_\_\_\_  
Death occurred at 11:55 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or Title) Joseph M. Ziemann Deputy **22b. ADDRESS** 1300 Clark ave **22c. DATE SIGNED** 9-23-63

**23a. BURIAL, CREMATION, REMOVAL (Specify)** Burial **23b. DATE** 9/23/63 **23c. NAME OF CEMETERY OR CREMATORY** N. St. Marous Cem. **23d. LOCATION** (City, town, or county) (State) St. Louis County, Mo.

**24. FUNERAL DIRECTOR** WACKER\*HELDERLE UND. & LIV. CO. ADDRESS \_\_\_\_\_ **25. DATE RECD. BY LOCAL REG.** SEP 23 1963 **26. REGISTRAR'S SIGNATURE** Loan Smith, M.D.

**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. \_\_\_\_\_

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.