DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31112

Registration District No. 791 1009 — REC'D OCT 14 1939

Primary Registration District No.

Registrar's No. 8175

1. PLACE OF DEATH: 1

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Des Loge Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouir (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 15

(d) Street No. 3343 Delor St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Frank Anthony Striebel 361

3. (b) If veteran, name war

3. (c) Social Security No. 497-09-8184

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rose

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased July (Month) 7 (Day) 1898 (Year)

8. AGE:

Years	Months	Days	If less than one day
41	2	14	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Meat Cutter 0

11. Industry or business

FATHER
12. Name Stephen Striebel 6
13. Birthplace (City, town, or county) Germany 0 (State or foreign country)

MOTHER
14. Maiden name Theresa Lusse
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Rose Striebel

(b) Address 3343 Delor St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 25, 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director H Gebhardt Lamb & Co

(b) Address 2842 Meramec St.

19. (a) SEP 22 1939 (Date received local registrar) (b) J. F. Boedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22 year 1939 hour 1 minute 15 AM.

21. I hereby certify that I attended the deceased from 4/13/39, 19, to 9/22, 1939; that I last saw him alive on 9/21, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Diffuse interstitial pneumonia of unidentified etiology — Duration from 4/13/39

Due to

Due to

Other conditions Pleurisy: Miliary (Include pregnancy within 3 months of death) Neoplasm Peritonitis

Major findings:
Of operations
Of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Edw. Ferman (M. D. or other)

Address 2924 S. Grand Date signed 9/22/39

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Robert F. Gebken, Registered Apprentice No. 187

working under my personal supervision.

Signed Herman A. Gebken

Licensed Embalmer No. 2120

P. O. Address 2842 Meramec St. St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.