

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County 2  
(b) City or town St. Louis  
(c) Name of hospital or institution:  
1448 E. Prarie Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 66 yrs. (Specify whether years, months or days)  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9  
(d) Street No. 1448 E. Prarie Ave. (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME George William Strunk 365  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. 497-03-8943  
4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Anna Strunk 6. (c) Age of husband or wife if alive 66 years  
7. Birth date of deceased March 24th. 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 9 0 hr. min.

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

10. Usual occupation Baker

11. Industry or business 0

MOTHER FATHER { 12. Name William Strunk 6

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Dont know

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Anna Strunk

(b) Address 1448 E. Prarie Ave.

17. (a) Burial (b) Date thereof 12-27-39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Provoost Med Co

(b) Address 3710 N. Grand Blvd.

19. (a) DEC 26 1939  
(Date received local registrar) J. F. Baskin

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 24th.  
year 1939 hour 3.45 minute A. M.  
21. I hereby certify that I attended the deceased from Dec 15  
1939 to Dec 24 1939  
that I last saw him alive on Dec 23 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Natural Respiration  
the myocardium  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Duration \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature A. H. Sawyer (M. D. or other) \_\_\_\_\_  
Address 2342 N. Howard Date signed 12/26/39

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.

2-3

2349<sup>a</sup> 127 Lane

A. H. Sewing

**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.....Me.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....A. A. Smith.....

Licensed Embalmer No.....3916.....

P. O. Address.....3710 N. Grand Blvd......

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