

JAN 12 1940 791  
Registration District No.

Primary Registration District No.

1. PLACE OF DEATH: 1003  
(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5020 Alabama  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 50 years  
(Specify whether years, months or days)  
In this community 50 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 1  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5020 Alabama  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

3. (a) PRINT FULL NAME Edward Strauss 362  
(b) If veteran, name war ---  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 28  
year 1939 hour 4 minute 15 P. M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife ---- 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased October 29, 1876  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
63 -1- 29 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Underline the cause to which death should be charged statistically  
Pulmonary tuberculosis  
23

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Retired  
11. Industry or business Hager Hinge  
12. Name Andrew Strauss  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

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) \_\_\_\_\_ (Cause of injury) \_\_\_\_\_  
23. Signature Walter Perry (M. D. or other)  
Address Walter Perry Date signed 12/29/39

MOTHER FATHER  
16. (a) Informant's own signature Walter Perry  
(b) Address 5020 Alabama  
17. (a) Burial (b) Date thereof 12/30/39  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation O. St. Marcus  
18. (a) Signature of funeral director Mackin-Walden  
(b) Address 2331 S. Broadway  
19. (a) DEC 29 1939 (b) J. Bruch  
(Date received local registrar) (Registrar's signature)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*Robert C. Welch*

Licensed Embalmer No. *2128*

P. O. Address *St Louis Mo*

**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.**