

S. No. 2
11-10-39
v. 5-17-39
X21492

SEP 16 1940 85
Registration District No. **85**

Primary Registration District No. **1001**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

157

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 hrs. 48 min.
(Specify whether

In this community years, months or days)

3. (a) PRINT FULL NAME Walter Strucksberg 362

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased August 8 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day 6 hr. 48 min.

9. Birthplace St. Joseph Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business

MOTHER FATHER { 12. Name Otto Strucksberg

13. Birthplace Berlin Germany 6
(City, town, or county) (State or foreign country)

14. Maiden name Marguerite Gordon

15. Birthplace Bridgeport Connecticut 1
(City, town, or county) (State or foreign country)

16. (a) Informant Otto Strucksberg

(b) Address 421 Francis St., St. Joseph, Mo.

17. (a) burial (b) Date thereof August 9, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery
St. Joseph, Missouri

18. (a) Signature of funeral director Walter Meerkhoff 85 While at work (Specify type of place)

(b) Address 1302 Faraon St., St. Joseph, Missouri (d) Means of injury

19. (a) 8/9/40 (b) W. Meerkhoff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. 421 Francis Street
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8
year 1940 hour 3 minute 10 P. M.

21. I hereby certify that I attended the deceased from Aug 8 1940 to Aug 8 1940
that I last saw him alive on Aug 8 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Prematural - 2 hrs

Due to ?

Due to 159

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

23. Signature W. Meerkhoff (M. D. or other) 1940
Address Central Bldg. Date signed 8-9-40

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.....

None....., Registered Apprentice No.....
working under my personal supervision.

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