

No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30205

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7482

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

1. PLACE OF DEATH: St. Louis, MO

(a) County _____

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

(c) Name of hospital or institution: 4733 Cotebrilliante
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days)

3. (a) PRINT FULL NAME: Mary Strubelt.

8. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F.

5. Color or race W

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Jan. 17, 1853
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>7</u>	<u>17</u>	hr. _____ min.

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

10. Usual occupation: Housewife

11. Industry or business _____

12. Name: Unknown

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

14. Maiden name: Unknown

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

16. (a) Informant: Martha Neller

(b) Address: 4733 Cote Brilliante

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof: 9/6/40
(Month) (Day) (Year)

(c) Place: burial or cremation: Bethany

18. (a) Signature of funeral director: Sullivan

(b) Address: 2849 N. Euclid

19. (a) SEP 5 1940 (Date received local registrar)

(b) J. B. [Signature] (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

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

(d) Street No. 4733 Cotebrilliante
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4th
year 1940 hour 11 minute 45 A. 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.

Immediate cause of death: Senile Debility

Due to _____

Due to Arterio Sclerosis

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 97

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: Joseph M. Sullivan (M. D. or other)

Address: Deputy Coroner

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

Albert Mayfield

Licensed Embalmer No. *3677*

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.