

Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **4554 Alice Ave**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None** (Specify whether **2**)
In this community **Birth**
years, months or days)

3. (a) PRINT FULL NAME **Mary Anna Straub**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **?** 6. (c) Age of husband or wife if alive **Deceased**

7. Birth date of deceased **September 28, 1857**
(Month) (Day) (Year)

8. AGE: Years **82** Months **11** Days **25** If less than one day .hr. _____ min.

9. Birthplace **New Haven, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

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 **Miss Minette Straub**
(b) Address **4554 Alice Ave**

17. (a) **Burial** (b) Date thereof **9/26/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation **New Bethlehem Cemetery**

18. (a) Signature of funeral director **Math Hermann & Son**
(b) Address **2161 East Fair Ave**

19. (a) **SEP 25 1940** (b) **J. B. Brudsch**
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **9**
(If outside city or town limits, write "RURAL")
(d) Street No. **4554 Alice Ave**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **23,**
year **1940** hour **6:15 PM** minute _____ M.

21. I hereby certify that I attended the deceased from **Sept 1st** to **Sept 23, 1940**
that I last saw him **24** alive on **Sept 23** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**

Due to **Cardiac aethna**

Due to **Pulmonary aethna**

Other conditions (Include pregnancy within 3 months of death) **95**

Major findings: Of operations _____

Of autopsy _____

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 **W. M. Elvain** (M. D. or other) **MD**
Address **4356 Waverne** Date signed **9/24/40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 William G. Buchholz

Licensed Embalmer No. 2110

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, fact should be so stated above.