

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:  
City Hospital.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Day.  
(Specify whether \_\_\_\_\_)  
In this community 20 Years.  
(years, months or days)

3. (a) PRINT FULL NAME Catherine Zeigenbein Streb  
3. (b) If veteran, name war No.  
3. (c) Social Security No. 497-07-6171

4. Sex Female. 5. Color or race White  
6. (a) Single, widowed, married, divorced, Separated.  
6. (b) Name of husband or wife Glenn Streb  
6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased: September 17 1913  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
27 2 26 hr. min.

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

10. Usual occupation Assembler.

11. Industry or business Carter Carburetor Co.

MOTHER FATHER  
12. Name George Zeigenbein.  
13. Birthplace Illinois.  
(City, town, or county) (State or foreign country)  
14. Maiden name Augusta Scoggin.  
15. Birthplace Illinois.  
(City, town, or county) (State or foreign country)

16. (a) Informant George Zeigenbein.  
(b) Address 2609 Elliot.

17. (a) Burial (b) Date thereof 12-17-40.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary cem.

18. (a) Signature of funeral director H. Leidner Und. Co.  
2223 St. Louis Ave.  
(b) DEC 14 1940

19. (a) \_\_\_\_\_ (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

2) USUAL RESIDENCE OF DECEASED:  
(a) State Missouri. (b) County \_\_\_\_\_  
(c) City or town St. Louis. 20  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2609 Elliot Ave.  
(If rural, give location)  
(e) "If foreign born, how long in U. S. A.?" \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 13  
year 1940 hour 5<sup>05</sup> minute AM.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Sodium Fluoride Poisoning  
Due to Self Administered  
at her home 2609 Elliot Ave  
Due to Dec. 13, 1940 about 2:30 AM

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 163  
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) suicide  
(b) Date of occurrence 12/13/40  
(c) Where did injury occur? St. Louis  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? 20 (Specify type of place)  
(e) Means of injury 5

23. Signature Alfred Perry (M. D. or other)  
Address Deputy Coroner Date signed: 12/13/40

**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.....

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

working under my personal supervision.

Signed Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis ave

**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.**