S. No. 2
—11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1003

907

State File No. 907

Registration District No. 791 Primary Registration District No. Registrar's No. 907

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: 2756a CHARITON 1. ST. (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000
(c) City or town ST LOUIS 1715 (If outside city or town limits, write "RURAL")
(d) Street No. 2756a CHARITON 1. ST. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ALBERT P. STRAUSS
3. (b) If veteran, name war NO
3. (c) Social Security No. 497-01-9493
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife ESTELLA.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JULY (Month) 12 (Day) 1878 (Year)
8. AGE: Years 62 Months 6 Days 15 If less than one day hr. min.
9. Birthplace ST LOUIS (City, town, or county) MO (State or foreign country) 0
10. Usual occupation BEER BOTTLER
11. Industry or business BREWERY
FATHER 12. Name FRANK STRAUSS
13. Birthplace (City, town, or county) GERMANY (State or foreign country)
MOTHER 14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 0
16. (a) Informant MINNIE SHEEHAN
(b) Address 7131 ALABAMA. AV.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 29-41 (Month) (Day) (Year)
(c) Place: burial or cremation MNT HOPE CEM
18. (a) Signature of funeral director Jos. P. Fendler
(b) Address 7124 MICHIGAN. AV.
19. (a) JAN 28 1941 (Date received local registrar) J. H. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27 year 1941 hour 6 minute 45 A. M.
21. I hereby certify that I attended the deceased from Feb. 1935, to Jan. 27, 1941; that I last saw him alive on Jan. 18, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Congestive Heart Failure	
Due to CA Bladder	
Due to Myocarditis	8 yrs.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations PAS	
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?
While at work? (Specify type of place) (e) Means of injury D
23. Signature Matilda L. Fitz (M. D. or other)
Address 7110 Mich. Ave. Date signed 1-27-41

(Licensed Embalmer's Statement on Reverse Side)

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: Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Lemay

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.