S. No. 2
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P I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 25 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 910

Registrar's No. 910

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: 4115 Farlin Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 50 Years, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1(8)

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 107

(d) Street No. 4115 Farlin Ave. (If rural, give location) 9

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME George H. Strus,

3. (b) If veteran, name war None

3. (c) Social Security No. 493-05-9310

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Strus,

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased March (Month) 2. (Day) 1882 (Year)

8. AGE: Years 58 | Months 10 | Days 25 | If less than one day hr. min.

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

10. Usual occupation Cabinet Maker

11. Industry or business Casket Mfg.

FATHER
12. Name August Strus,
13. Birthplace Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Sandler,
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Strus,

(b) Address 4115 Farlin Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/29/41 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director [signature]

(b) Address 2117 E. Grand Blvd

19. (a) JAN 28 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27 year 1941 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from January 25th, 1941, to January 27th, 1941; that I last saw him alive on January 26th, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis — Duration years

Due to hypertension-Arteriosclerosis — years

Due to 93 A

Other conditions (Include pregnancy within 3 months of death) 93 C

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) no

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Russell Glaser (M. D. or other) D.O.

Address 4032 A W. Florissant Date signed 1-27-41

(Licensed Embalmer's Statement on Reverse Side)

C.O. 4746

403 1/2 W. Clairvoyant

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 Frank A. Morse

Licensed Embalmer No. 3041

P. O. Address 2117 E. Gran

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.