S. No. 2
M—4-13-40
v. 5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15735

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 883

96
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Affton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6104 Heege Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Affton 0
(If outside city or town limits, write "RURAL")
(d) Street No. 6104 Heege Road
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Meta N. Streib
3. (b) If veteran, name war ---
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Michael Streib
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased December 9, 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	62	4	14	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Home
11. Industry or business
FATHER
12. Name Charles Hessel
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4
MOTHER
14. Maiden name Unknown Meyer
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4
16. (a) Informant Michael Streib
(b) Address 6104 Heege Road
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/41 (Month) (Day) (Year)
(c) Place: burial or cremation St. Pauls Churchyard
18. (a) Signature of funeral director Wacker-Helderle
(b) Address 2331 S. Broadway
19. (a) APR 24 1941 (Date received local registrar) (b) R. Meyer M.D. Dr. P.H. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 23
year 1941 hour 5 minute 15 a.M.
21. I hereby certify that I attended the deceased from Dec 20th 1940
, 19 , to April 23 , 1941;
that I last saw her alive on April 22 , 1941;
and that death occurred on the date and hour stated above.
Immediate cause of death Cancer of stomach — Duration 6 mos
Due to Congenital Diaphragm Rupture
Due to
Other conditions (Include pregnancy within 3 months of death) 4 p
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)
(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 L. F. Murray (M. D. or other) 1
Address 900 - Russell Blvd Date signed 4/24/41

(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 Robert Wheeler

Licensed Embalmer No. 2128

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.