

0. 2  
-4-41  
17-39  
X26390

BUREAU OF THE CENSUS  
FILED NOV 24 1941

STANDARD CERTIFICATE OF DEATH

State File No. **33406**  
**8361**  
Registrar's No.

Registration District No. **791**

Primary Registration District No. **1003**

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:  
**4381 West Pine /**  
(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 **Missouri** (b) County **000**  
(c) City or town **St. Louis** **19**  
(If outside city or town limits, write "RURAL") **9/9**  
(d) Street No. **4381 West Pine** **0**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **30**  
year **1941** hour **6** minute **p.** M.  
21. I hereby certify that I attended the deceased from  
**March** 19**30** to **Oct 30** 19**41**.  
that I last saw her alive on **Oct. 30** 19**41**.  
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertension**  
**Hypertensive Encephalopathy**  
Duration **6 hours**

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

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME

**Minye Strauss**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife **David Strauss** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased \_\_\_\_\_ (Month) (Day) (Year)

8. AGE: Years **ABOUT 55** Months **-** Days **-** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **CLEVELAND OHIO**  
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business \_\_\_\_\_

12. Name **CHARLES WEBER**

13. Birthplace **CLEVELAND OHIO**  
(City, town, or county) (State or foreign country)

14. Maiden name **IDA PARISH**

15. Birthplace **CLEVELAND OHIO**  
(City, town, or county) (State or foreign country)

16. (a) Informant **IDA WELLS**

(b) Address **4381 WEST PINE**

17. (a) **Burial** (b) Date thereof **10-22-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Sinai Cemetery**

18. (a) Signature of funeral director **Herman Rindskopf**

(b) Address **5216 Delmar**

19. (a) **OCT 21 1941** (b) **J. J. Brebeck**  
(Date received local registrar) (Registrar's signature)

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)  
(c) Means of injury **0**  
23. Signature **Arthur E. Strauss** (M. D. or other) **M.D.**  
Address **539 N. Grand** Date signed **10/21/41**

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

MOTHER FATHER

**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 Chas W. Cooper  
Licensed Embalmer No. 3830  
P. O. Address 5216 Delmar

**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.**