

FILED APR 23 1943

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Registration District No.

Primary Registration District No.

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:
Deaconess Hospital
(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

3. (a) PRINT FULL NAME Fred William Streck

3. (b) If veteran, name war _____
3. (c) Social Security No. none

4. Sex M 5. Color or Race W
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Meta Streck
6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased March 19 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
44 0 23 hr. min.

9. Birthplace Swiss Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

MOTHER FATHER
11. Industry or business _____
12. Name John Streck
13. Birthplace Swiss Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Bertha Lossner
15. Birthplace Swiss Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Meta Streck
(b) Address Gasconade County, Mo.

17. (a) Burial (b) Date thereof 4/13/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Swiss, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc

(b) Address 4700 Washington Blvd.

19. (a) APR 14 1943 J. F. Prudek
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
(c) City or town Rural Route
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1943 hour 7 minute 30 M.

21. I hereby certify that I attended the deceased from
April 7, 1943 to Apr. 11, 1943
that I last saw him alive on Apr. 11, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (Polar)

Due to Septicemia

Due to Ruptured Sanguinous
appendicitis

Other conditions 12/11
(Include pregnancy within 3 months of death)

Major findings: Ruptured Sanguinous
Appendicitis
Of operations _____
Of autopsy no

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 _____

23. Signature J. F. Prudek (M. D. or other) _____
Address 607 N. Grand Date signed 4/13/43

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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..... *J. Allen Davis Jr*

..... Licensed Embalmer No. *4053*

P. O. Address.....

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.