

FD APR 23 1943 318

Registration District No.

Primary Registration District No.

1003

State File No.

Registrar's No.

3520

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:
Missouri Baptist Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days.
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3319 Arlington Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12th.
year 1943 hour 11 minute 55 P.M.
21. I hereby certify that I attended the deceased from 4-11-43
19... to 4-12-43 19...
that I last saw her alive on 4-12-43 19...
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Apoplexy -
with brain infarction
hypertensive
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 Clarence G. Drum (M. D. Drum)
Address 1927 E. Union Date signed 4-14-43

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

3. (a) PRINT FULL NAME Emma Barbara Streiner.
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed.
6. (b) Name of husband or wife Charles F. Streiner 6. (c) Age of husband or wife if alive Dec'd. years
7. Birth date of deceased. January 1, 1869.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 3 11 hr. min.

9. Birthplace Pittsburg, Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business.....

MOTHER FATHER { 12. Name Ritter Hettler.
13. Birthplace Germany. 4
(City, town, or county) (State or foreign country)
14. Maiden name Don't know.
15. Birthplace Germany. 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dorothy E. Nardie.

(b) Address 3319 Arlington Ave.

17. (a) Removal (b) Date thereof 4-14-1943.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pittsburg, Pennsylvania

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave

19. (a) APR 14 1943 (b) J. F. Budeck
(Data received local registrar) (Registrar's signature)

Dr. C.G.Drum.
1927a North Union Ave.
Hours 10 to 12 Noon.
Telephone Mulberry 5645

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 3454

David C. Gibson, Registered Apprentice No. 346

working under my personal supervision.

Signed: David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Eastern St. S.W.

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.