

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

FILED JUN 4 1943 318

Registration District No.

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County: St Louis Mo.
(b) City or town: St Louis Mo.
(c) Name of hospital or institution: 3242 A Pennsylvania Ave.
(d) Length of stay: In hospital or institution. Life.
In this community, years, months or days

3. (a) PRIMARY FULL NAME: E. STRAUSS

3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex: Female / race: White / 5. Color or race: White / 6. (a) Single, widowed, married, divorced: Married / 6. (b) Name of husband or wife: William Strauss / 6. (c) Age of husband or wife if alive: years / 7. Birth date of deceased: Oct. 11, 1881

8. AGE: Years 61 / Months 7 / Days 12 / If less than one day hr. min.

9. Birthplace: St Louis Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: At Home

MOTHER FATHER { 12. Name: John Foster / 13. Birthplace: St Louis, Mo. (City, town, or county) (State or foreign country) / 14. Maiden name: Elizabeth Dayle / 15. Birthplace: Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: William Strauss / (b) Address: 3242 A Pennsylvania Ave

17. (a) Burial (Burial, cremation, or removal) / (b) Date thereof: May 26/43 (Month) (Day) (Year) / (c) Place: burial or cremation: New S. S. Peter & Paul

18. (a) Signature of funeral director: J. F. Brebeck / (b) Address: 2906 Gravois Ave.

19. (a) MAY 25 1943 (Date received local registration) / (b) J. F. Brebeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri / (b) County: / (c) City or town: St Louis, Mo. / (d) Street No.: 3242 A Pennsylvania Ave. / (e) Citizen of foreign country? (Yes or No) / If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May / day: 23 / year: 1943 / hour: 9 30 A.M. / M.

21. I hereby certify that I attended the deceased from April 23, 1943 to May 21, 1943 that I last saw her alive on May 21, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Failure / Arrhythmia / Angiostenosis of a. / Duration: Mitral regurgitation / Hypertension

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: / Of autopsy: / 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? / (d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: Herbert W. ... (Specify type of place) / (c) Means of injury: / Address: 2535 Gravois / Date signed: 5/24/43

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.....
.....
working under my personal supervision.

Signed.....
Registered Apprentice No.....
Licensed Embalmer No. 4242
P. O. Address. 2906 Seaview

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.