

FILED FEB 11 1944
Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital, 0
(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 CHARLES G. STREBEL
3. (b) If veteran, name war: None
3. (c) Social Security No. None

4. Sex Male 5. Color or race Caucasian
6. (a) Single, widowed, married, divorced, widower
6. (b) Name of husband or wife late Luke Strebel
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Aug 23 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 5 9 hr. min.

9. Birthplace Jerseyville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Locomotive Fireman

11. Industry or business retired 20 yrs

MOTHER, FATHER {
12. Name unknown Strebel
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Attie Strebel

(b) Address 4-159 Herthing Pl.

17. (a) Burial (b) Date thereof 2-3-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valpurga Cemetery

18. (a) Signature of funeral director Kraegshausen Mortuary

(b) Address 4228 So. Truitt Highway

19. (a) FEB 2 1944 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4-159 Herthing Pl.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 1st
year 1944 hour 1:30 minute 14 M.
21. I hereby certify that I attended the deceased from Jan 24, 1944, to Jan. 28, 1944
that I last saw him alive on Jan 28, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis
Due to Sclerosis
Due to 93
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
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?..... (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)
(a) Means of injury.....

23. Signature O. E. Williamson (M. D. or other)
Address 6336 Clayton Road Date signed 2/1/44

6336
W. Stearns
Dayton, O.

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 Edwin D. Mc Dermott

Licensed Embalmer No. 3027

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.