

FILED FEB 27 1944

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 571

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:
3518 Texas
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 48 years (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME STRUESSEL, EMILIE

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 August Struessel 6. (c) Age of husband or wife if alive XX years
 7. Birth date of deceased March 12 1875
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 10 4 hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Albert Pardeike

13. Birthplace Germany
 (City, town, or county) (State or foreign country)

14. Maiden name Fredericka Mueller

15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant William Struessel

(b) Address 3518 Texas

17. (a) Burial (b) Date thereof Jan. 19, 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity Luth. Cemetery

18. (a) Signature of funeral director Reiderwieden F.H., Inc.

(b) Address 1936 St. Louis Ave.

19. (a) JAN 19 1944 (Date received local registrar) J. F. Mueller (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3518 Texas
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16
 year 44 hour 11 minute 00 A. M.

21. I hereby certify that I attended the deceased from March 28 1943 to Jan 16 1944
 that I last saw her alive on Jan 16 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Breast
 Duration _____

Due to _____

Due to _____

Other conditions Mitastasis
 (include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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?
 (Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature L. E. Maeller (M. D. or other)

Address 3537 S. Jefferson Date Jan 17 44

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.....

Felix J. Krupin

Licensed Embalmer No..... *3497*

P. O. Address..... *1936 St Louis*

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.