

1. PLACE OF DEATH:

(a) County.....

(b) City or town, St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Infirmery
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 20 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. 911 Market St.,
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Henry Strumpf

3. (b) If veteran, name war. NONE

3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced. Single

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased. October 19 1860
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 8, 1944
year..... hour 9:10 A.M. minute..... M.

21. I hereby certify that I attended the deceased from October 26, 1944
....., 19....., to..... November 8, 1944
that I last saw h..... alive on..... November 8, 1944
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>84</u>	<u>0</u>	<u>20</u>	hr. min.

Immediate cause of death. degenerative heart disease

Duration.....

Due to.....

Due to.....

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

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

10. Usual occupation. Nil

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

11. Industry or business.....

12. Name William Strumpf

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

14. Maiden name Katherine

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

16. (a) Informant M. Geasland

(b) Address 5800 Arsenal St.,

17. (a) BURIAL (b) Date thereof. 11-16-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. CATHART

18. (a) Signature of funeral director William Kelly

(b) Address 4386 Lindell Pl.

19. (a) NOV 15 1944 (b) J. J. Bredeck
(Date received local registrar) (Registrar's signature)

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. W. Maxwell (M. D. or other).....
Address 5800 Arsenal Date signed 11-7-44

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

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 Clement M. May
" " Licensed Embalmer No. 37325
P. O. Address St. Louis

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.