S. No. 2
M—8-43
7. 5-17-39
50 I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 26 1945

Registration District No. 17H

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3035

State File No. 6500

Registrar's No. 6.

1. PLACE OF DEATH

(a) County: Lafayette

(b) City or town: Lexington (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 900 S.W. Blvd. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether) In this community 8 yrs (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Lafayette

(c) City or town: Lexington (If outside city or town limits, write "RURAL")

(d) Street No.: 900 S.W. Blvd. (If rural, give location)

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

3. (a) PRINT FULL NAME: HARRY M. STROBEL

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: Male

5. Color or race: W

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: Feb. (Month) 9 (Day) 1904 (Year)

8. AGE: Years 40 Months 11 Days 23 If less than one day ..... hr. ..... min.

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

10. Usual occupation: Merchant Marine

11. Industry or business: Merchant Marine

FATHER

12. Name: Henry G. Strobel

13. Birthplace: Lohman, Mo (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name: Eliz K. Kuesling

15. Birthplace: Iowa (City, town, or county) Mo (State or foreign country)

16. (a) Informant: Mrs. Eliz Strobel

(b) Address: Lexington, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-4-45 (Month) (Day) (Year)

(c) Place: burial or cremation: Lexington, Mo

18. (a) Signature of funeral director: Forrest F. Kemper

(b) Address: Lexington, Mo

19. (a) Feb-19-1945 (Date received local registrar) (b) Mrs. Fred Schwab (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2 year 1945 hour 10 minute 40 P.M.

21. I hereby certify that I attended the deceased from 1/4/45, 19..., to 2/2/45, 19..., that I last saw him alive on 2/2/45, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetic Coma.

Due to: Multiple abscess of general septicemia

Due to: Diabetes.

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

Major findings:
Of operations: 0

Of autopsy:

Duration

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)

While at work? (Specify type of place) (e) Means of injury:

23. Signature: [illegible] (M. D. or other)

Address: Lexington Mo Date signed 2/3/45

1158 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-21-45

MAR 2 1945

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 Geo. M. Kean

Licensed Embalmer No. 2983

P. O. Address Lexington, Ohio

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.