

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

UNITED STATES OF AMERICA
STANDARD CERTIFICATE OF DEATH

FILED MAR 6 1946
318

1003

State File No. 7987
Registrar's No. 1814

Registration District No. Primary Registration District No. Registrar's No.

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:
Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether 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. 6018 Louisiana Ave.
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Robert A. Strauss

3. (b) If veteran, name war..... None 3. (c) Social Security No.....

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 Sept. 16th 1926
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22nd
 year 1946 hour 9 minute 30 a.m.

21. I hereby certify that I attended the deceased from Feb 21
 1946, to Feb 22 1946
 that I last saw him alive on Feb 22 1946
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

19	5	6	hr.	min.
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Immediate cause of death.....
Focal Epilepsy
 Due to Foco.
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)

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

10. Usual occupation unknown

11. Industry or business.....

MOTHER FATHER {
 12. Name Paul S. Strauss,
 13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Loretta Richert
 15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
 16. (a) Informant Mr. Paul S. Strauss
 (b) Address 6018 Louisiana
 17. (a) Burial (b) Date thereof 26 Feb. 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation New SS Peter & Paul
 18. (a) Signature of funeral director Southern F. Home
 (b) Address 6233 S. Grand
 19. (a) FEB 21 1946 (b) J. P. Bradish
(Date received local registrar) (Registrar's signature)

Major findings: Scar tissue on Brain

Of operations.....
 Of autopsy.....

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 name of place) (e) Means of injury.....
 23. Signature [Signature] (M. D. or other) M.D.
 Address 4952 Maryland Ave Date signed 2/23/46

Duration.....
 PHYSICIAN.....
 Underline the cause to which death should be charged statistically.

(Licensed Embalmer's Statement on Reverse Side) St. Louis, Mo.

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

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.....

J. Wm. Dinsley

Licensed Embalmer No. *3653*

P. O. Address.....

St. Louis, Mo.

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. man
Registrar's No. 1814

Registration District No. 319

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

3. (a) PRINT FULL NAME Robert G Strauss

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased Sept 16 1921
(Month) (Day) (Year)

8. AGE: Years 19 Months 5 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Unknown

11. Industry or Business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) J. F. Bredek
(Date received local registrar) MAR 13 1946

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 Day 22
Year 1946 Hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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)
(e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

SUPPLEMENTARY

7987