

Registration District No. _____

Primary Registration District No. _____

1000

Registrar's No. 5256

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:
2919 N. Taylor Ave.
(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

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. 2919 N. Taylor Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EMMA STREBILE

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow

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

7. Birth date of deceased June 22 1859
(Month) (Day) (Year)

8. AGE: Years 87 Months 0 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

MOTHER FATHER { 11. Industry or business _____

12. Name Ulrich Foerstel

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 Mrs. Mae Carlton

(b) Address 2919 N. Taylor Ave.

17. (a) Burial (b) Date thereof 7/1/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS Peter & Paul

18. (a) Signature of funeral director Stroot-Carroll

(b) Address 4600 Natural Bridge Ave.

19. (a) JUN 28 1946 (b) J. F. Bredbeck
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1946 hour 1 minute 20 P. M.

21. I hereby certify that I attended the deceased from _____
to _____ 1946
that I last saw her alive on June 21 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of left

Due to Cancer of left breast

Due to _____

Other conditions: Carcinoma of left breast

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)

(a) Means of injury _____

23. Signature J. F. Bredbeck (M. D. or other) _____
Address 496 N. 11th Date signed 6/27/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Isa W. Wilkinson
Licensed Embalmer No. 3575
P. O. Address.....

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.