

No. 2
5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 7 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **9251**

Registration District No. **318** Primary Registration District No. **1003**

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:
519 Eiler 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. **519 Eiler Ave.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Alvina Strassner**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex **F** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **widow 2**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **May 18, 1871**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 5 9 hr. min.

9. Birthplace **Peoria Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **At. home**

11. Industry or business _____
12. Name **John Hanstein**
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 **Joseph Schmidt**
(b) Address **519 Eiler**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **10-30-46**
(Month) (Day) (Year)
(c) Place: burial or cremation **New Pickers Cem.**

18. (a) Signature of funeral director **Wm Schumacher**
(b) Address **3013 Meramec St.**

19. (a) **OCT 29 1946** (Date received local registry) **J. F. Bredeek** (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **October** day **27**
year **1946** hour **9** minute **10 P.M.**
21. I hereby certify that I attended the deceased from **Aug 15** 19 **46** to **Oct 27** 19 **46**
that I last saw him alive on **Oct 27** 19 **46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Ca. of Rectum**
Due to _____
Due to _____
Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings: Of operations **None**
Of autopsy **None**
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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature **Philip Schuck** (M. D. or other) **1703 Grand** Date signed **10 26 46**
Address _____

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 Francis Williamson
Licensed Embalmer No. 3565
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.