

FILED **SEP 21 1946** STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8780**

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:  
**City Hospital # 1** **0**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 days** (Specify whether  
In this community **Lifetime**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **aaa**  
(c) City or town **St. Louis** **917**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **829 E. Prairie** **9**  
(If rural, give location) **18**  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **No**

3. (a) PRINT FULL NAME **Julius ( Joe ) Straub**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **490-03-9451**

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

6. (b) Name of husband or wife **Single** 6. (c) Age of husband or wife if alive **None** years

7. Birth date of deceased **Feb. 2, 1878**  
(Month) (Day) (Year)

8. AGE: Years **68** Months **8** **28** If less than one day  
hr. min.

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

10. Usual occupation **Attendant**

11. Industry or business **St. Louis City Sanatorium**

MOTHER FATHER { 12. Name **Theodore Straub**

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

14. Maiden name **Philippina Schwab**

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

16. (a) Informant **Mrs. Alma Schubert**

(b) Address **5230a N. Broadway**

17. (a) **Burial** (b) Date thereof **10/15/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Friedens Cemetery**

18. (a) Signature of funeral director **Suedmeyer & Sons**

(b) Address **39 34 N 20 Street**

19. (a) **OCT 14 1946** **J. J. Bricker**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **12**  
year **1946** hour **1** minute **15** A. M.

21. I hereby certify that I attended the deceased from **10/10/46**

that I last saw him alive on **Oct. 12th**, 19**46**  
and that death occurred on the date and hour stated above

Immediate cause of death **Generalized peritonitis** Duration \_\_\_\_\_

Due to **Perforated Cecum (ileum)**

Due to **inc. + stercoraceous fecal impaction left side**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **as above** 17/2

Of autopsy **as above** 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 **J. J. Bricker** **1515 Lafayette** **10/14/46**  
Address Date signed

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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed A. G. Smithers

Licensed Embalmer No. 3916

P. O. Address 3934 N. 20 St

**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.**