

FILED NOV 19 1946

Registration District No. 154

Primary Registration District No. 5575

Registrar's No. 66

1. PLACE OF DEATH:

(a) County JACKSON  
 (b) City or town RURAL KANSAS CITY WASHINGTON  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
8244 TRACY AVENUE - PRESIDENT GARDENS  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 2 MONTHS  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE 37  
 (c) City or town HERMANN  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MRS. DOROTHY R. BREUER STRECK

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MR. EDWIN P. STRECK 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased SEPTEMBER 3 1902  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
44 1 21 hr. min.

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

10. Usual occupation ELEMENTARY SCHOOL TEACHER

11. Industry or business HERMANN, MISSOURI

12. Name HON. R. A. BREUER

13. Birthplace RED BIRD MISSOURI  
 (City, town, or county) (State or foreign country)

14. Maiden name JOSEPHINE KRAEGL

15. Birthplace RED BIRD MISSOURI  
 (City, town, or county) (State or foreign country)

16. (a) Informant MR. EDWIN P. STRECK

(b) Address PRESIDENT GARDENS - 8244 TRACY AVE.

17. (a) BURIAL (b) Date thereof OCT 26 1946  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. JAMES, MISSOURI

18. (a) Signature of funeral director W. H. Newcomer's Sons

(b) Address 1401 BUSH CREEK BLVD.

19. (a) 10/28/1946 (b) Dr. Annie B. Hedger  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 24<sup>TH</sup>  
 year 1946 hour \_\_\_\_\_ minute A.M.

21. I hereby certify that I attended the deceased from July 6, 1946, to Oct. 24, 1946  
 that I last saw her alive on 24 Oct., 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Sigmoid Duration 6 mo.?

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Adeno Carcinoma of L. Ovary  
 (Include pregnancy within 3 months of death)

Major findings: As above with 1946 metastases to Liver  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature Edwin P. Hedger (M. D. or other) \_\_\_\_\_  
 Address 1500 Prof. Bldg Date signed 74 Oct 1946

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

MOTHER FATHER

A-1  
0001

**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 *Melvin Miller*.....

Licensed Embalmer No. *4407*.....

P. O. Address *Kansas City, 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.**