

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9478**

1. PLACE OF DEATH:  
(a) County St. Louis, Missouri  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
6174 Westminster  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community life years, months or days

3. (a) PRINT FULL NAME Edwin Strassberger  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 496-18-179  
4. Sex M. 5. Color or race W.  
6. (a) Single, widowed, married, divorced M.  
6. (b) Name of husband or wife Mary Smith 6. (c) Age of husband or wife if alive 75 years  
7. Birth date of deceased Sept. 30 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 1 4 .hr. min.

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

10. Usual occupation Railway Supplies

11. Industry or business Buffalo Brake Beam Co.

MOTHER FATHER { 12. Name Charles Strassberger 5  
13. Birthplace Berne, Switzerland  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Jankins  
15. Birthplace Aberystwyth, Wales 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Strassberger  
(b) Address 6174 Westminster

17. (a) burial (b) Date thereof 11-6-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Alexander Dow  
(b) Address 6175 Delmar

19. (a) NOV 6 1946 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 517  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6174 Westminster  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4  
year 1946 hour 5: minute 20 P. M.

21. I hereby certify that I attended the deceased from funeral services 1946 to 11/4 1946  
that I last saw him alive on 11/4 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac thrombosis Duration \_\_\_\_\_

Due to Had diabetes for over 20 years  
Due to \_\_\_\_\_

Other conditions chronic arthritis  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: no

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 0.  
23. Signature D. R. Perrine (M. D. or other)  
Address 390 30 line sh Date signed 11/5-46

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

37-342

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**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 *Thomas R. Denwick*

Licensed Embalmer No. *3793*

P. O. Address *6175 Delmar*

**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.**