S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10730

FILED APR 3 1948

Registration District No. 348

Primary Registration District No. 1003

Registrar's No. 2793

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St. Louis City Hospital-Max C. Starkloff
(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 Mo. (b) County 00

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1914 N. 14th St. 9
Memorial (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME BABY GIRL STREB

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 22 - 1948
(Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day hr. 3 min.

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

10. Usual occupation ✓

11. Industry or business

FATHER
12. Name Louis Streb
13. Birthplace Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Clarence Bartlett
15. Birthplace Ark
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Streb
(b) Address 1914 N. 14th St.

17. (a) Burial (b) Date thereof 3-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cem

18. (a) Signature of funeral director Wm. Leedmill Co.
(b) Address 2223 St. Louis

19. (a) MAR 22 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22nd
year 1948 hour 3 minute 00 A M.

21. I hereby certify that I attended the deceased from 3/22/48, 19, to 3/22/48, 19;
that I last saw him alive on 3/22/48, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: prematurity	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work (e) Means of injury

23. Signature Edward W. Parkin (M. D. or other) M.D.
Address City Hospital Date signed

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) Edward W. Parkin 3/22

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.

Not Embalmed

Signed John P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 2223 St Louis Ave

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.