S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 7 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 14695 39882

Registrar's No.

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: 5023 Cates Ave (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 5023 Cates Ave (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Arthur Wm. Struebbe
3. (b) If veteran, name war in one
3. (c) Social Security No. 499-01-3759
4. Sex Male
5. Color or race White
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 June (Month) 22 (Day) 1898 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 49 | 10 | 3 | hr. min. |

9. Birthplace Wright City (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Machine operator
11. Industry or business Barrett Machine Co.
FATHER 12. Name Louis Struebbe
13. Birthplace Marthasville (City, town, or county) Mo. (State or foreign country)
MOTHER 14. Maiden name Amelia Driemeier
15. Birthplace Wright City (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Margaret Struebbe
(b) Address 5023 Cates Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation Wright City, Mo.
18. (a) Signature of funeral director Math Hermann & Son, Inc.
(b) Address 2161 East Fair Ave
19. (a) MAY 7 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 25th year 1948 hour 9:30 AM minute M.
21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Coronary Occlusion | |
| Due to Coronary Sclerosis | |
| 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 Patrick E. Taylor Dep Cor (M. D. or other)
Address 1300 Clark Date signed 4-27-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

## 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 Glen W. Hab

Licensed Embalmer No. 3737

P. O. Address 2161 Fair

**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.**