S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 15 1948
Registration District No. 377

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 18253
Registrar's No. 1374

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town St. Louis County, Mo. Ballwin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pine Crest Nursing Home, Baldwin Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year, (Specify whether
In this community Life,
years, months or days)

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

3. (a) PRINT FULL NAME Catherine Adelsberger,
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 Widowed
6. (b) Name of husband or wife James H.
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased November 12, 1870 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	6	16	hr. min.

9. Birthplace Illinois, (City, town, or county) (State or foreign country)
10. Usual occupation Housewife,
11. Industry or business
FATHER
12. Name Jacob Strauss,
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unknown,
15. Birthplace Unknown, (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Frieda Bixon,
(b) Address 5626 Walsh,
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/31/48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery,
18. (a) Signature of funeral director Oscar J Hoffmeister
(b) Address 4016 Chippewa,
19. (a) 5-31-48 (Date received local registrar) (b) Cecil J Shaw MD MSC (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28th
year 1948 hour 11:10 A minute A M.
21. I hereby certify that I attended the deceased from May 25, 1948, to May 28, 1948;
that I last saw her alive on May 27, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Bronchopneumonia	5-25-48
Due to Cerebral Hemorrhage	5-25-48
Due to 93d	
Other conditions chronic myocarditis (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 B. R. Loving (M. D. or other) MS
Address Ballwin Mo Date signed 5-28-48

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.....

Licensed Embalmer No. 4077

P. O. Address.....

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.