

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED JUL 6 1948
Registration District No. **327**

Primary Registration District No. **6076**

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

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **Lemay**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
606 Waller ave.
(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

3: (a) PRINT FULL NAME **Ida Strassle**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**
4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Anton Strassle** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **February 4 1873**
(Month) (Day) (Year)

8. AGE: Years **75** Months **3** Days **27** If less than one day _____ hr. _____ min.

9. Birthplace **St. Charles Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **William Sieker**
13. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Anton Strassle**
(b) Address **606 Waller ave. Lemay 23, Mo.**

17. (a) **Burial** (b) Date thereof **June 4-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Our Redeemer Cemetery**

18. (a) Signature of funeral director **C. Hoffmeister U. & L. Co.**
(b) Address **7814 S. Broadway**

19. (a) **6-2-48** (b) **Carl A. Sharp**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis 96**
(c) City or town **Lemay**
(If outside city or town limits, write "RURAL")
(d) Street No. **606 Waller ave.**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **1**
year **1948** hour **12** minute **15 p. M.**
21. I hereby certify that I attended the deceased from **April 1 1948**
24 to **June 1 1948**
that I last saw him **ly** alive on **June 1 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pericardial Anemia** Duration **1 year**
Due to **730**
Due to _____

Other conditions **Senility**
(Include pregnancy within 3 months of death)

Major findings:
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 **Carl A. Sharp** (M. D. or other) _____
Address **7702 Perry Ave** Date signed **6/2/48**

10.am to noon Daily

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 *Frank J. Schaefer*
Licensed Embalmer No. 2679
P. O. Address 7514 T. Broadway

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.