

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39336**
9660

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY osceola			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis 2		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) 17 OR TOWN Saint Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION State Infirmary				d. STREET ADDRESS (If rural, give location) 13-5800 Arsenal Street 3			
3. NAME OF DECEASED (Type or Print) a. (First) LILLY b. (Middle) _____ c. (Last) STRUBE			4. DATE OF DEATH (Month) (Day) (Year) Nov. 8, 1949				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH About 1869	9. AGE (in years last birthday) About 80	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inmate		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) Saint Louis, Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME L. H. Strube		13b. MOTHER'S MAIDEN NAME Marie Lotta		14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jennie Albers, 4616 Carrie Avenue			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. -----				INTERVAL BETWEEN ONSET AND DEATH 5 yrs. x	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION: -----				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 97			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 11-200			
22. I hereby certify that I attended the deceased from Nov. 1, 1949 , to Nov. 8, 1949 , that I last saw the deceased alive on Nov. 8, 1949 , and that death occurred at 10:10am. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Cheneb... M.D.				23b. ADDRESS 5400 Arsenal St.		23c. DATE SIGNED 11/8/49	
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/9/49	24c. NAME OF CEMETERY OR CREMATORY Saint Peters Cemetery		24d. LOCATION (City, town, or county) (State) Saint Louis County, Missouri		
DATE REC'D BY LOCAL REG. NOV 9		REGISTRAR'S SIGNATURE J B Foster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Natural Bridge Blvd.			

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed John A. D. [Signature]

Licensed Embalmer No. 4186

P. O. Address St. Louis, Mo.

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.