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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 8 1951

State File No. 35660

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9382

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Missouri
c. LENGTH OF STAY (In this place) 30 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis City Hospital #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS 28 29
d. STREET ADDRESS (If rural, give location) 2543 HEBERT ST.

3. NAME OF DECEASED (Type or Print)
a. (First) EMMA
b. (Middle) ROSE
c. (Last) STROER

4. DATE OF DEATH (Month) (Day) (Year) OCT. 22 1951

5. SEX FEMALE
6. COLOR OR RACE WHITE.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED.
8. DATE OF BIRTH FEB 14TH 1883
9. AGE (In years last birthday) 68. IF UNDER 1 YEAR: Months — Days — IF UNDER 1 HR.: Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK
10b. KIND OF BUSINESS OR INDUSTRY AT HOME.
11. BIRTHPLACE (State or foreign country) ST. CHARLES, MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME JOSEPH KURTZ.
13b. MOTHER'S MAIDEN NAME THERESA HOERTH.
14. NAME OF HUSBAND OR WIFE HENRY C. STROER.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO. (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. NONE.
17. INFORMANT'S SIGNATURE OR NAME Henry H. Stroer ADDRESS 1432 East Grand

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Encephalopathy — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardiovascular Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? HH3X

22. I hereby certify that I attended the deceased from 10-15-51, 19____, to 10-22-51, 19____, that I last saw the deceased alive on 10-22-51, 19____, and that death occurred at 11:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE F. J. Calenzaro M.D. (Degree or title)
23b. ADDRESS 1515 Lafayette Avenue
23c. DATE SIGNED 10-23-51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE OCT. 25TH 51.
24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY
24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.

DATE RECD BY LOCAL REG. OCT 24 1951
REGISTRAR'S SIGNATURE J. Earl Smith M.D. W.D.
25. FUNERAL DIRECTOR'S SIGNATURE Brockland Und. Co. ADDRESS 1827 Hogan St.

(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 Me

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Guy Wilkinson

Licensed Embalmer No. 3575

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.