

S. No. 300
V. 10.48

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

BIRTH NO.		REG. DIST. NO. 363		PRIMARY REG. DIST. NO. 4532		Registrar's No. 7		
1. PLACE OF DEATH a. COUNTY Warren				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Warren				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marthasville		c. LENGTH OF STAY (in this place) 67 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marthasville		1090		
d. FULL NAME OF HOSPITAL OR INSTITUTION None				d. STREET ADDRESS (If rural, give location) None 0				
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Hugo c. (Last) Struebbe			4. DATE OF DEATH March 2, 1952		5. SEX Male 0		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 26, 1883		9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Marthasville, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME Gustave Struebbe		13b. MOTHER'S MAIDEN NAME Caroline Schuster		14. NAME OF HUSBAND OR WIFE Cherolette Struebbe				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charlotte Struebbe Marthasville Missouri				
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) chronic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 2 yrs		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4222		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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 5-27, 1950 to Mar 2, 1952, that I last saw the deceased alive on Mar 1, 1952 and that death occurred at 3 a.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) [Signature] MD				23b. ADDRESS Marthasville Mo		23c. DATE SIGNED 3-4-52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/5/52		24c. NAME OF CEMETERY OR CREMATORY St Pauls Cemetery		24d. LOCATION (City, town, or county) (State) Marthasville, Missouri		
DATE REC'D BY LOCAL REG. Mar 5/52		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Marthasville, Mo		

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

Delmont F. Lichtenberg

Licensed Embalmer No. 4318

P. O. Address Mathiasville, 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.