

LED JUN 17 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21639
Registrar's No. 10

BIRTH NO. _____ REG. DIST. NO. 308 PRIMARY REG. DIST. NO. 6049

920

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

1. PLACE OF DEATH a. COUNTY <u>St Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.R. Augusta Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.R. Femme Osage 0920</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>Augusta Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) <u>ROBERT B. STRUCKHOFF</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH <u>June 13 - 52</u>
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5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec. 23 - 1877</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.
				Months		Days
				Hours		Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Augusta Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry Struckhoff</u>	13b. MOTHER'S MAIDEN NAME <u>Helen Feldman</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Struckhoff</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Felix Struckhoff</u>	ADDRESS <u>Augusta Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rheumatic heart disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatic pericarditis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Asterio-sclerosis, generalized severe.</u>			

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 12 Sept, 1952, to 13 June, 1952, that I last saw the deceased alive on 13 June, 1952, and that death occurred at 6 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. J. Bozzo, M.D.</u>	23b. ADDRESS <u>Washington, Mo</u>	23c. DATE SIGNED <u>14 June 52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>June 16 - 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Augusta Mo</u>
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DATE REC'D BY LOCAL REG. <u>June 14, 1952</u>	REGISTRAR'S SIGNATURE <u>Mrs Viola Fluetsmaier</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Olie Shilking</u>	ADDRESS <u>Augusta Mo</u>
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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 Olie Thiering

Licensed Embalmer No. 3759

P. O. Address Augusta Me

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.