

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22713**
Registrar's No. **5006**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST Louis 2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION ALEXIAN BROTHERS Hosp		d. STREET ADDRESS (If rural, give location) 16 3654^e CONNECTICUT	

3. NAME OF DECEASED (Type or Print) FREDERICK H. STREIB			4. DATE OF DEATH (Month) (Day) (Year) 5-29-52		
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 10-21-1881	9. AGE (In years last birthday) 70	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MUSICIAN
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MUSICIAN			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ST Louis MO
12. CITIZEN OF WHAT COUNTRY? U.S.A					

13a. FATHER'S NAME John STREIB	13b. MOTHER'S MAIDEN NAME ANNA BESCHER	14. NAME OF HUSBAND OR WIFE ANNA STREIB
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 491-07-3870	17. INFORMANT'S SIGNATURE OR NAME ANNA STREIB
		ADDRESS 3654^e CONNECTICUT

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 7 hours	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertensive heart disease			years
	DUE TO (c) and chronic bilateral nephritis			years
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 <input checked="" type="checkbox"/> NO <input 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) 443X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 3

22. I hereby certify that I attended the deceased from **FEBRUARY 1949**, to **5-29**, 19**52**, that I last saw the deceased alive on **5-29**, 19**52**, and that death occurred at **3:30** a.m., from the causes and on the date stated above.

23a. SIGNATURE Maximilian Weitzman	(Degree or title) M.D.	23b. ADDRESS 3530 ARSENAL, St. Louis	23c. DATE SIGNED 5-29-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	24b. DATE 5-2-52	24c. NAME OF CEMETERY OR CREMATORY VAL HALLA	24d. LOCATION (City, town, or county) (State) ST Louis COUNTY MO
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DATE REC'D BY LOCAL REG. JUN. 2 1952	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Alton L. St. Co	ADDRESS 2707 St. Louis
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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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. *4329*

P. O. Address *Lowell, 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.