

36895

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

9227

S. No. 300

V. 10.48

FILED OCT 21 1952

318

1003

BIRTH NO. ....

REG. DIST. NO. ....

PRIMARY REG. DIST. NO. ....

Registrar's No. ....

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo

c. LENGTH OF STAY (in this place) 65 yrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION City, Infirmary, Hospital

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Mo

b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo

d. STREET ADDRESS (If rural, give location) 16 4207a Hartford Street

## 3. NAME OF DECEASED (Type or Print)

a. (First)

Frances

b. (Middle)

Strehle

c. (Last)

## 4. DATE OF DEATH (Month) (Day) (Year)

10

4

52

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Widow

## 8. DATE OF BIRTH

May 5, 1885

## 9. AGE (In years last birthday)

67

## 10. UNDER 1 YEAR

4

29

## 11. UNDER 1 MIN.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (City and State or Foreign Country) Springfield, Illinois

12. CITIZEN OF WHAT COUNTRY?

## 13a. FATHER'S NAME

James, T. Wolf

## 13b. MOTHER'S MAIDEN NAME

Mary, Blackmore

## 14. NAME OF HUSBAND OR WIFE

Rudolph

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. SOCIAL SECURITY NO. \*

## 17. INFORMANT'S SIGNATURE OR NAME

Mrs. Ben. Hilkeman, 5810 Goerner Avenue 181

## 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

## I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)

## 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.

## MEDICAL CERTIFICATION

Cerebral Arteriosclerosis

Generalized Arteriosclerosis

Osteoarthritis

## INTERVAL BETWEEN ONSET AND DEATH

10 yrs.

15 yrs.?

10 yrs.

## 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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK 

## 21f. HOW DID INJURY OCCUR

334X

22. I hereby certify that I attended the deceased from 10/23, 19 52 to 10/4, 19 52, that I last saw the deceased alive on 10/4, 19 52 and that death occurred at 7:45 PM, from the causes and on the date stated above.

## 23a. SIGNATURE (Degree or title)

M. L. Gehausen M.D.

## 23b. ADDRESS

5600 Arsenal, St. Louis

## 23c. DATE SIGNED

10/4/52

## 24a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 24b. DATE

10-7-52

## 24c. NAME OF CEMETERY OR CREMATORY

New St. Marcus

## 24d. LOCATION (City, town, or county) (State)

St. Louis County, Missouri

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

J. Carl Smith M.D.

## 25. FUNERAL DIRECTOR'S SIGNATURE

Beiderwieden F.H. 1936 St. Louis Avenue

(Licensed Embalmer's Statement on Reverse Side)

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 J. Haines*

Licensed Embalmer No. *4108*

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.