

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2756

State File No.

FILED JAN 12 1953

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6051 Registrar's No. 1

0923
3

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) <u>St. Charles Rural</u> c. LENGTH OF STAY (in this place) <u>2 1/2 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Charles</u> <u>0923</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South River Road</u>		d. STREET ADDRESS (If rural, give location) <u>209-a South Main St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARENCE</u> b. (Middle) <u>EDWARD</u> c. (Last) <u>STRUBE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 1 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 6, 1918</u>	9. AGE (in years last birthday) <u>34</u> IF UNDER 1 YEAR Months <u>6</u> Days <u>24</u> IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Auto Garage</u>	11. BIRTHPLACE (State or foreign country) <u>New Florence, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John Atterbury Strube</u>		13b. MOTHER'S MAIDEN NAME <u>Iva Atterbury S</u>		14. NAME OF HUSBAND OR WIFE <u>Leola Cork Strube</u>	
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>500-28-8645</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Leola Strube, St. Charles, Mo.</u>	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suicide</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Due to shot wound</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	<u>E976X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>South River Road</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Charles, St. Charles, Missouri</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>January 1, 1953, 11 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Self-inflicted head wound with 22 cal. rifle.</u>

22. I hereby certify that I attended the deceased from Jan 1, 1953, 1953, that I last saw the deceased alive on _____, 19____, and that death occurred at 10 A.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Marie Muschberg</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Wentzville, Mo</u>	23c. DATE SIGNED <u>Jan 2, 53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>January 5, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Florence Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>New Florence, Missouri</u>

DATE REC'D BY LOCAL REG. <u>Jan 5 1953</u>	REGISTRAR'S SIGNATURE <u>Francis Harold Hackmann</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Bow, St. Charles, Mo.</u>	ADDRESS _____
--	--	---	---------------

(Licensed Embalmer's Statement on Reverse Side)

