

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 21 1953

State File No. **44498**
Registrar's No. **11762**

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

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

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		c. LENGTH OF STAY (In this place) 2 1/2 Months	
d. FULL NAME OF HOSPITAL OR INSTITUTION Stone Nursing Home		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City 1370	
		d. STREET ADDRESS (If rural, give location) 7634 Delmar Blvd., 5,	
3. NAME OF DECEASED (Type or Print) a. (First) EMMA	b. (Middle) C.	c. (Last) STRUEBBE	4. DATE OF DEATH (Month) (Day) (Year) Dec. 11th, 1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 15th, 1880
9. AGE (In years last birthday) 73		10. UNDER 1 YEAR (Months) _____	11. UNDER 1 HR. (Hours) _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Saleslady		10b. KIND OF BUSINESS OR INDUSTRY Dry Goods Store	11. BIRTHPLACE (State or foreign country) Quincy, Illinois
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Jacob Williams	
13b. MOTHER'S MAIDEN NAME Margaret Schaefer		14. NAME OF HUSBAND OR WIFE Late Frederick Struebbe	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. E. T. Harrington, 7634 Delmar Blvd., 5,	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Chr. Hypertensive Cardiovascular Disease 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH 3 mo 5 yrs	
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 type="checkbox"/>	21f. HOW DID INJURY OCCUR? 442x	
22. I hereby certify that I attended the deceased from March 1953 to 12-11, 1953 that I last saw the deceased alive on 12-4, 1953 and that death occurred at 4:05p m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Nubek S. Fuetz M.D.		23b. ADDRESS 12739 N. Grand Ave	23c. DATE SIGNED 12-12-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12/14/53	24c. NAME OF CEMETERY OR CREMATORY Saint Johns Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
DATE REC'D BY LOCAL REG. DEC 14 1953	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DALVIN F. FEUTZ, 4828 Natural Bridge Blvd., GENERAL HORM INC., St. Louis, 15, Missouri	

Dr. Pruett will be home all day Sat.,

File in City

NOV 18 1956

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.

Student Embalmer No.....

Signed Rueph C. Linder

Signed.....
Student Embalmer

Licensed Embalmer No. 4275

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.