

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **44721**

FILED JAN 11 1954

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>590</u>		Registrar's No. <u>3321</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Florissant</u>		c. LENGTH OF STAY (in place) <u>Life</u>		c. CITY OR TOWN <u>Florissant</u> <u>405</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>700 Aubuchon</u>				e. STREET ADDRESS (If rural, give location) <u>700 Aubuchon</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>W.</u> c. (Last) <u>STROER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12/27/53</u>				
5. SEX <u>Male</u> <input type="checkbox"/> <u>Female</u> <input type="checkbox"/>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 18, 1872</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. 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>Self</u>		11. BIRTHPLACE (City and State or Foreign Country) <input checked="" type="checkbox"/> <u>Florissant, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Stroer</u>		13b. MOTHER'S MAIDEN NAME <u>Angela Behlmann</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret Streer (Wall)</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Margaret Stroer, Florissant, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Hypertension</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Aug 27, 1952</u> to <u>27 Aug, 1953</u> that I last saw the deceased alive on <u>27 Aug 1953</u> and that death occurred at <u>9:30A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Marion D. Bishop MD</u>				23b. ADDRESS <u>757 St Francis Florissant, Mo</u>		23c. DATE SIGNED <u>27 Aug 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/30/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sacred Heart</u>		24d. LOCATION (City, town, or county) (State) <u>Florissant, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>12/29/53</u>		REGISTRAR'S SIGNATURE <u>Hebecl B. Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>WHITE CHAPEL</u>		ADDRESS <u>FERGUSON, MO.</u>	

VS AUG 26 1959

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.....
Signature of Student Embalmer

Signed *Eleana Province*.....

Licensed Embalmer No. 3403.....

P. O. Address Jennings, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.