

STANDARD CERTIFICATE OF DEATH

State File No. 432

FILED FEB 1 1954

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <i>Callaway</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Marion</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Fulton</i>		c. LENGTH OF STAY (In this place) <i>6 months</i>	c. CITY OR TOWN <i>Hannibal</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hospital no 1</i>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
• STREET ADDRESS <i>125 Shepherd Drive</i>		<i>0647</i>	

3. NAME OF DECEASED a. (First) <i>Sigrid</i> (Type or Print)		b. (Middle)		c. (Last) <i>Streibel</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Jan 28 1954</i>	
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <i>May 27 1873</i>		9. AGE (In years last birthday) <i>81</i> if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Stockholm Sweden</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	

13a. FATHER'S NAME <i>Per Ringdal</i>		13b. MOTHER'S MAIDEN NAME <i>Charlotte Ahlberg</i>		14. NAME OF HUSBAND OR WIFE <i>Fritz Streibel</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Paul W. Streibel</i>	
				ADDRESS <i>125 Shepherd Dr Hannibal</i>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bronchopneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerotic Heart Disease</i>		
	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 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)	<i>4200</i>
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 *Oct 9*, 1953, to *Jan 28*, 1954, that I last saw the deceased alive on *Jan 27*, 1954, and that death occurred at *8:30 A m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>J R Hunter M D</i>	23b. ADDRESS <i>Fulton Mo</i>	23c. DATE SIGNED <i>Jan 28/54</i>
24a. BURIAL / CREMATION / REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>Jan 29 1954</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Oak Grove Crematory</i>
24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo</i>		

DATE REC'D BY LOCAL REG. <i>Jan 28-1954</i>	REGISTRAR'S SIGNATURE <i>Maretta Lawrence</i>	426-0	25. FUNERAL DIRECTOR'S SIGNATURE <i>Wallace</i>	ADDRESS <i>Funeral Home, Fulton, Mo</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

FEB 2

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 *Renzil C. Browning*

Licensed Embalmer No. *277*

P. O. Address *Fulton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.