

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

3554

State File No.

FILED JAN 14 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>Rock Hill</u>		c. CITY OR TOWN <u>Rock Hill</u> <u>463/0</u>	
c. LENGTH OF STAY (in this place) <u>5 Yrs.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1518 Salem Hills Dr.</u>		e. STREET ADDRESS (If rural, give location) <u>1518 Salem Hills Dr.</u>	

3. NAME OF DECEASED (Type or Print) <u>THEODORE</u>			a. (First)			b. (Middle)			c. (Last) <u>STREBLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 1 1954</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>Nov. 9, 1879</u>			9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months		IF UNDER 4 HRS. Days		IF UNDER 4 HRS. Hours		IF UNDER 4 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Express Handler-Railway Express Co.</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>France</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>France</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>						

13a. FATHER'S NAME <u>Joseph Strebler</u>			13b. MOTHER'S MAIDEN NAME <u>Theresa Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Mary Strebler</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Theon L. Strebler</u>		ADDRESS <u>9148 Vassel-Affton Mo.</u>	
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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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarct.</u>		DUPLICATE					
ANTECEDENT CAUSES		DUPLICATE					
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUPLICATE					
DUPLICATE		DUPLICATE					
II. OTHER SIGNIFICANT CONDITIONS		DUPLICATE					
Conditions contributing to the death but not related to the disease or condition causing death.		DUPLICATE					

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) <u>4201</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 2/19, 1950 to Dec. 1, 1953, that I last saw the deceased alive on Dec 1, 1953 and that death occurred at 7:05A m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>Herbert P. Donke M.D.</u>		23b. ADDRESS <u>4228 S. Kings Highway Bl.</u>		23c. DATE SIGNED <u>1/2/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Jan. 4, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>1-2-54</u>		REGISTRAR'S SIGNATURE <u>Herbert P. Donke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser</u>		ADDRESS <u>4228 S. Kings Highway Bl.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

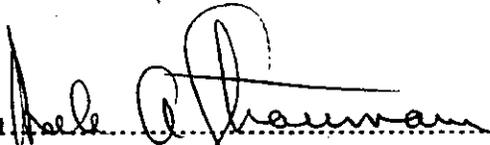
No. 500
10-48

4001

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 .....
Licensed Embalmer No. 453

P. O. Address

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.