

FILED APR 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14149**
Registrar's No. **3483**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarinate Word		e. STREET ADDRESS (If rural, give location) 3866 McRee	

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) R c. (Last) STRECKER			4. DATE OF DEATH (Month) (Day) (Year) Apr 16 1954		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept 21 1883		9. AGE (In years last birthday) 70		10. IF UNDER 1 YEAR: Months Days		11. IF UNDER 24 HRS: Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Clerk			10b. KIND OF BUSINESS OR INDUSTRY Sash & Door Co			11. BIRTHPLACE (City and State or Foreign Country) Ellisville Mo			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME Reinhardt Strecker			13b. MOTHER'S MAIDEN NAME Louisia Wolff			14. NAME OF HUSBAND OR WIFE Helen Strecker		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 494-03-5250		17. INFORMANT'S SIGNATURE OR NAME Helen Strecker		ADDRESS 3866 McRee	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) acute Leukemia				4-13-54	
		ANTECEDENT CAUSES					
		MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) Chronic Leukemia (present)				4-6-54	
		DUE TO (c) Anemia due to Leukemia				present 4-6-54	
		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 checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
				20413	

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?		
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22. I hereby certify that I attended the deceased from **4-6-54**, 19___, to **4-16-54**, 19___, that I last saw the deceased alive on **4-16-54**, 19___, and that death occurred at **9 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE John H. Flynn MD (Degree or title)		23b. ADDRESS 1715 So 39th St. St. Louis, Mo		23c. DATE SIGNED 4-17-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Apr 20 54		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) St. Louis Cty Mo	
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DATE REC'D BY LOCAL REG. APR 19 1954		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schnur		ADDRESS 3125 Lafayette	
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Jon B. Volmer

Licensed Embalmer No. *4024*

P. O. Address *3/25 Lehigh*

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.