

FILED AUG 2 - 1954

STANDARD CERTIFICATE OF DEATH

25298
State File No. 6904
Registrar's No.

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) St. Louis c. LENGTH OF STAY (In this place) _____
c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 2206 Madison Street
e. STREET ADDRESS (If rural, give location) 2206 Madison Street 2209

3. NAME OF DECEASED (Type or Print)
a. (First) CAROL b. (Middle) L c. (Last) STROH 4. DATE OF DEATH (Month) (Day) (Year) July 25-1954

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 8. DATE OF BIRTH July 1st, 1954 9. AGE (In years last birthday) 25 IF UNDER 1 YEAR Months 25 IF UNDER 12 HRS. Hours 25 Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____ 10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Kansas. 12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME Ivan R. Stroh 13b. MOTHER'S MAIDEN NAME Betty Lehmer 14. NAME OF HUSBAND OR WIFE FRANK M. STROH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME Ivan R. Stroh ADDRESS 2206 Madison Ave.,

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) _____
ANTECEDENT CAUSES DUE TO (b) *Brucella Pneumonia*
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 19630

22. I hereby certify that I attended the deceased from _____ 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:55 A m., from the causes and on the date stated above.

22a. SIGNATURE Patrick J. Taylor (Print name or title) 22b. ADDRESS 1300 Clark 22c. DATE SIGNED 7.26.54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE July 27th, 54 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem 24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.,

DATE RECEIVED BY LOCAL REG. JUL 26 1954 REGISTRAR'S SIGNATURE J. Earl Smith MD 25. FUNERAL DIRECTOR'S SIGNATURE Leidner und. Co., ADDRESS 2223 St. Louis Ave.,

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..... *Paul A. Wachtel*.....

Licensed Embalmer No. *478*

P. O. Address *St. Louis*

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.