

XC 18100492

SL 1962

FILED MAR 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10260**
Registrar's No. **2529**

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 rural, give name of township) 915 North Grand Blvd., St. Louis, Mo.		c. LENGTH OF STAY (In this place) 58 DAYS	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		STREET ADDRESS (If rural, give location) 6 5560 ASHLAND AVENUE	

3. NAME OF DECEASED (Type or Print) ALBERT STRUBELT			4. DATE OF DEATH (Month) (Day) (Year) 3-20-55		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 11-22-95	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ROOFER		10b. KIND OF BUSINESS OR INDUSTRY ROOFING COMPANY		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO.	
12. CITIZEN OF WHAT COUNTRY U.S.A.					

13a. FATHER'S NAME ARNOLD STRUBELT		13b. MOTHER'S MAIDEN NAME MINNIE HOCKMAN		14. NAME OF HUSBAND OR WIFE MARY STRUBELT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI		16. SOCIAL SECURITY NO. 498032559		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, ST. LOUIS, MO.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GARCINOMATOSIS		ANTECEDENT CAUSES		6 MONTHS	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) CARCINOMA OF THE LUNG		6 MONTHS	
DUE TO (c)		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CARDIAC FAILURE			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 163X	

22. I hereby certify that I attended the deceased from **1-21**, 19**55**, to **3-20**, 19**55**, and that death occurred at **12:25p.**, from the causes and on the date stated above.

23a. SIGNATURE Charles P. Kolars		(Degree or title) M.D.		23b. ADDRESS VAH, ST. LOUIS, MO.	
23c. DATE SIGNED 3-20-55					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial Rem.		24b. DATE 3-22-55		24c. NAME OF CEMETERY OR CREMATORY National Cem.	
24d. LOCATION (City, town, or county) (State) Jeff. Brks., Mo.					
DATE REC'D BY LOCAL REG. MAR 21 1955		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home	
				ADDRESS 6322 S. Grand Blvd., St. Louis, Mo.	

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.....

David Van Fossen

Licensed Embalmer No. 424

P. O. Address 6322 So

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.