

FILED OCT 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31546**
8476

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) Saint Louis | | c. CITY OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital | | e. STREET ADDRESS (If rural, give location) 3237 Delor Street, 11. | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) LOUIS | b. (Middle) CARL | c. (Last) STROTZ | 4. DATE OF DEATH (Month) (Day) (Year) Sept. 26th, 1955 |
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|--------------------|-------------------------------|---|---|---|-----------------------------|-----------------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Aug. 18th, 1881 | 9. AGE (In years last birthday) 74 | IF UNDER 1 YEAR Months Days | 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) Retired Brass Molder | 10b. KIND OF BUSINESS OR INDUSTRY Brass (Self empld) | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME (Unknown) Strotz | 13b. MOTHER'S MAIDEN NAME Adelheidte (Unknown) | 14. NAME OF HUSBAND OR WIFE Clara Strotz nee Biehl |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. 489-03-9388 | 17. INFORMANT'S SIGNATURE OR NAME Clara Strotz, 3237 Delor Street, 11. | ADDRESS |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 12 hrs |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 420.1 | 20. AUTOPSY? YES <input 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 bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 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? |
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22. I hereby certify that I attended the deceased from **9/2** ¹⁹⁵⁵ to **9/26**, 19**55**, that I last saw the deceased alive on **9/26**, 19**55**, and that death occurred at **10:45 P** m., from the causes and on the date stated above.

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| 23a. SIGNATURE Jos. Granth | (Degree or title) MD. | 23b. ADDRESS 5521 S. Parkway | 23c. DATE SIGNED 9/27/55 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 9/29/55 | 24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri |
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| DATE REC'D BY LOCAL REG. SEP 27 1955 | REGISTRAR'S SIGNATURE J. Earl Smith, M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FEUTZ, 4828 Natural Bridge Blvd. FUNERAL HOME, INC., St. Louis, 15, Missouri. |
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S.P. (Licensed Embalmer's Statement on Reverse Side)

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

FILE IN CITY.

CHAS. J. COOPER, TREASURER, SUIBO.

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 *John A. M...*

Licensed Embalmer No. 41

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.