

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35398

State File No. \_\_\_\_\_

FILED OCT 25 1955

BIRTH NO. 32975-55 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2330

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. CITY OR TOWN <u>Lemay</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>D O A St. Louis County Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>4664 Lemay Ferry Road</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Johny</u> b. (Middle) <u>Reed</u> c. (Last) <u>Strawser</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 8 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>May 17, 1965</u>
9. AGE (In years last birthday) <u>4</u> IF UNDER 1 YEAR Months <u>21</u> Days _____ IF UNDER 6 MRS. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>James Strawser</u>		13b. MOTHER'S MAIDEN NAME <u>Rosemary Bunch</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Strawser 4664 Lemay Ferry Road Lemay</u>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unknown natural causes</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
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)	
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?	
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 <u>12.17 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Herbert R. Domka, M.D., Local Registrar</u>		23b. ADDRESS <u>651 S. Brentwood Blvd.</u>	23c. DATE SIGNED <u>10-12-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 11, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Trinity Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>2000 Lemay Ferry Road Lemay, Mo.</u>
DATE REC'D BY LOCAL REG. <u>10-10-55</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Domka</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Hoffmeister U.&amp;L. Co. 7814 S. Broadway</u>	

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..... *Linus C. Hoffmeister*

Licensed Embalmer No. 3871

P. O. Address 7814 S. P.

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.