

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42667

FILED JAN 6 1956

State File No. ....

10850

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. ....				
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>2 Weeks</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital #1</b>				e. STREET ADDRESS (If rural, give location) <b>16 3524 Louisiana Ave. 2/6/55</b>						
3. NAME OF DECEASED (Type or Print)			a. (First) <b>Edward</b>		b. (Middle) <b>F.</b>		c. (Last) <b>Stroh</b>			
4. DATE OF DEATH		(Month) (Day) (Year)		<b>December 10, 1955</b>						
5. SEX <input type="radio"/> Male <input type="radio"/> Female		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED/WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>September 4, 1890</b>		9. AGE (In years last birthday) <b>65</b>		
						IF UNDER 10 Years		IF UNDER 18 Hrs. Min.		
						<b>3</b>		<b>7</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Park Keeper</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Gravois Park</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Philip Stroh</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Schneider</b>			14. NAME OF HUSBAND OR WIFE <b>Marie E. Stroh</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO. <b>491-14-9532</b>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Marie E. Stroh 3524 Louisiana Ave.</b>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinomatosis</b>							
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of the Lung (Primary)</b>							
			DUE TO (c) _____							
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Malnutrition &amp; Debilitation</b>							
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <b>162x</b>						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?				
22. I hereby certify that I attended the deceased from <b>11-25-55</b> , 19____, to <b>12-10-55</b> , 19____, that I last saw the deceased alive on <b>12-10-55</b> , 19____, and that death occurred at <b>9:20a</b> m., from the causes and on the date stated above.										
23a. SIGNATURE <b>Wiles D. Miller M.D.</b>					23b. ADDRESS <b>1515 Lafayette</b>			23c. DATE SIGNED <b>12-10-55</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>12/13/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New St Marcus Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>				
DATE REC'D BY LOCAL REG. <b>DEC 12 1955</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>John H. Gebken Sons, 2630 Gravois Ave.</b>					

(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 *Bill C. Branno* .....

Licensed Embalmer No. *476* .....

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.