

FILED JAN 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3043

318

1003

Registrar's No. 479

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Dr's Office 3610 S. Broadway 23				e. STREET ADDRESS (If rural, give location) 2613a S 2nd St. 22310					
3. NAME OF DECEASED (Type or Print) a. (First) George			b. (Middle) H.		c. (Last) Stroessner		4. DATE OF DEATH (Month) (Day) (Year) 1 13 56		
5. SEX M <input type="checkbox"/> F <input checked="" type="checkbox"/>		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 1/24/90		9. AGE (In years last birthday) <input type="checkbox"/> UNDER 1 YEAR Months Days <input type="checkbox"/> UNDER 18 HRS. Min. 65	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Formen Carpenter			10b. KIND OF BUSINESS OR INDUSTRY Medical Depot		11. BIRTHPLACE (City and State or Foreign Country) St. Louis			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George J.			13b. MOTHER'S MAIDEN NAME Augusta Bierman			14. NAME OF HUSBAND OR WIFE Theresa			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Theresa Stroessner 2613 a S. 2nd				
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>Acute Coronary Occlusion few minutes</u> ANTECEDENT CAUSES DUE TO (b) <u>Strangulation on phlegm. few minutes</u> <u>Upper Respiratory Infection repeated attacks</u> DUE TO (c) <u>Chronic bronchitis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u> <u>July 1952</u>	
19a. DATE OF OPERATION <u>Feb 22, 1954</u>			19b. MAJOR FINDINGS OF OPERATION <u>Gastric Ulcer</u>			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 <u>Nov 21, 1956</u> to <u>Jan 13, 1956</u> , that I last saw the deceased alive on <u>Jan 13, 1956</u> and that death occurred at <u>12:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Leroy E. Ellsner MD</u>				23b. ADDRESS <u>3610 So Broadway</u>			23c. DATE SIGNED <u>1-14-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>1/16/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>			
DATE REC'D BY LOCAL REG. <u>JAN 16 1956</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm Schumacher 3013 Meramec</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

EALISON
3610 S. Broadway

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.....
Jack Hains

Licensed Embalmer No. 4

P. O. Address *H. S. ...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.