FILED MAY 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17440

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 305-8 Registrar's No. 140

1. PLACE OF DEATH
a. COUNTY: ST. CHARLES
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. CHARLES
c. LENGTH OF STAY (In this place): 36 HRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. JOSEPH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: 8920
c. CITY OR TOWN: O'FALLON
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): RURAL

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): —
c. (Last): STRUNK

4. DATE OF DEATH (Month) (Day) (Year): MAY 14 - 1956

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: MAY 19 - 1893
9. AGE (In years last birthday): 62 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WORK
10b. KIND OF BUSINESS OR INDUSTRY: HOUSE WIFE
11. BIRTHPLACE (City and State or Foreign Country): ST. CHARLES Co Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: FRED SCHULTE
13b. MOTHER'S MAIDEN NAME: BOEHMER
14. NAME OF HUSBAND OR WIFE: HY. STRUNK O'FALLON MO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: ELMER STRUNK — **ADDRESS**: O'FALLON MO

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Hemorrhage — 3 days
DUE TO (c) Arteriosclerosis — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: 3-31 X
20. AUTOPSY? YES ☐ NO ☒

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) m.: —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* May 12, 1956, *to* May 14, 1956, *that I last saw the deceased alive on* May 14, 1956 *and that death occurred at* 11:50 pm *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Don L. Randall, M.D.
23b. ADDRESS: 207 N. 5th St. Charles Mo.
23c. DATE SIGNED: May 17 1956

24a. BURIAL, CREMATION, REMOVAL (Specify): Buried
24b. DATE: May 16 1956
24c. NAME OF CEMETERY OR CREMATORY: ST. PAUL
24d. LOCATION (City, town, or county) (State): ST. PAUL Mo

DATE REC'D BY LOCAL REG.: May 16 1956
REGISTRAR'S SIGNATURE: Fannie Hamilton
25. FUNERAL DIRECTOR'S SIGNATURE: Ed Keller — **ADDRESS**: O'Fallon Mo

(Licensed Embalmer's Statement on Reverse Side)

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

.300
.48

84

DEC 20 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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