

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046374
STATE FILE NUMBER 12478
Registrar's No.

FILED JAN 12 1959 Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST FAXEOTS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST LOUIS</u>		Inside Limits OR Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0940 CITY OR TOWN <u>BONNETERRE</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST LUKES</u>		Length of stay in 1b <u>8 DAYS</u>	d. STREET ADDRESS (If outside, give location) <u>RT #1</u> Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <u>EDGAR EMILE STRAHL</u>			4. DATE OF DEATH <u>DEC 21 1958</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 28 1904</u>	9. AGE (In Years last birthday) <u>54</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.
		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			Months <u>7</u> Days <u>17</u> Hours <u></u> Min. <u></u>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TAXI DRIVER OPERATOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TAXI</u>		11. BIRTHPLACE (City and state or country) <u>MARNET IND 1</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13. FATHER'S NAME <u>HENRY STRAHL</u>		14. MOTHER'S MAIDEN NAME <u>SARAH E. RICHARDSON</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> <u>WW 2</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT <u>BESSIE STRAHL</u>		Address	
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hepatic coma</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Cirrhosis of liver (post necrotic)</u>				?	
		DUE TO (c) <u>Unknown</u>					

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Secondary Hypersplenism 581.0</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
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21. I attended the deceased from 12/13/58 to 12/21/58 and last saw him alive on 12/21
Death occurred at 11:00 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>George B Rader</u>		22b. ADDRESS <u>457 N Kingshighway</u>		22c. DATE SIGNED <u>12/22/58</u>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>12-24-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MARVIN CHAPLE</u>		23d. LOCATION (City, town, or county) (State) <u>BONNETERRE MO</u>	
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24. FUNERAL DIRECTOR <u>SPARKS FUNERAL HOME BONNETERRE</u>		25. DATE RECD. BY LOCAL REG. <u>DEC 25 58</u>		26. REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>	
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Health, Welfare, Public Service
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1-56
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

OCT 18 1962

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 *Murphy L. Sparks*
Licensed Embalmer No. *4531*

P. O. Address *West Haven, Ct.*

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.