

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046375

STATE FILE NUMBER

JAN 12 1959

97225-58

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11953

300
-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN FERGUSON 4009 21 ^o
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DE PAUL HOSPITAL		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 27 20 BAYVIEW DR. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Janice Lee STRAHLE			4. DATE OF DEATH Month Day Year DECEMBER 9 1958
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-8-58
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nihil		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 12 30 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME RICHARD HENRY STRAHLE		13b. MOTHER'S MAIDEN NAME ELLEN CATHERINE SPINNER	14. NAME OF HUSBAND OR WIFE -----
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Richard H. Strahle, Ferguson, Mo. Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prematurity Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 776X DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 12 Mo. 30 days
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
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	
21. I attended the deceased from 12/8/58 to 12/9/58 and last saw her alive on 12/8/58 Death occurred at 7:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Jane T. Steely M.D.		(Degree or title)	22b. ADDRESS 40 W. Florence Ferguson 21, Mo.
22c. DATE SIGNED 12/9/58			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 12-12-58	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) Normandy, Mo.
24. FUNERAL DIRECTOR White-Mullen, Ferguson, Missouri		25. DATE RECD. BY LOCAL REG. DEC 12 '58	26. REGISTRAR'S SIGNATURE Carl Smith Mo mjb

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc.: most use only standard nomenclature in item 18. No symptoms may be related. All diseases in Part I must be causally related.

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 *L. M. White* _____

Licensed Embalmer No. *3973* _____

P. O. Address *Jerguson* _____

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.