

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-015804  
STATE FILE NUMBER  
2 3567

FILED MAY 6 1959

Registration District No. Primary Registration District No.

Registrar's

300  
-57

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| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN St. Louis             |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 | c. CITY OR TOWN St. Louis<br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION 3220 Taft Ave. |  | Length of stay in 1b   | d. STREET ADDRESS (If outside, give location)<br>3220 Taft Ave.<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|--|--|---|--|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br>Oscar H. Strebeck |  |  | 4. DATE OF DEATH<br>Month Day Year<br>April 9, 1959 |  |  |  |
|---|--|--|---|--|--|--|

|                |                           |   |                                  |                                       |                                |                                |
|----------------|---------------------------|---|----------------------------------|---------------------------------------|--------------------------------|--------------------------------|
| 5. SEX<br>Male | 6. COLOR OR RACE<br>White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br>Jan. 6, 1890 | 9. AGE (In years last birthday)<br>69 | IF UNDER 1 YEAR<br>Months Days | IF UNDER 24 HRS.<br>Hours Min. |
|----------------|---------------------------|---|----------------------------------|---------------------------------------|--------------------------------|--------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>(retired) Pressman | 10b. KIND OF BUSINESS OR INDUSTRY<br>Woodward-Tiernan | 11. BIRTHPLACE (City and state or country)<br>Catawissa, Missouri | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A. |
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|                                      |                                      |   |
|--------------------------------------|--------------------------------------|---|
| 13a. FATHER'S NAME<br>----- Strebeck | 13b. MOTHER'S MAIDEN NAME<br>Unknown | 14. NAME OF HUSBAND OR WIFE<br>Margaret Shaughnessy |
|--------------------------------------|--------------------------------------|---|

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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>no | 16. SOCIAL SECURITY NO.<br>492-03-5830 | 17. INFORMANT<br>Gus O. Strebeck<br>1510 Valley Place<br>Birmingham, Alabama |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>Carbon Monoxide Poisoning</i> |                          | INTERVAL BETWEEN ONSET AND DEATH  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) <i>E973.1</i> |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)                                 |                          | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><i>Wife found in garage in rear</i> |
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| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. 4 9 59 of Home, April 9 1959.<br>p.m. | 20d. INJURY OCCURRED WHILE AT <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.)<br><i>Garage</i> | 20f. CITY, TOWN, OR LOCATION<br><i>St. Louis Mo</i> | COUNTY STATE |
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| 21. I attended the deceased from _____ and last saw her alive on _____<br>Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. |  |
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| 23a. SIGNATURE<br><i>Talbert Taylor Coover</i> (Degree or title)<br>3 | 22b. ADDRESS<br><i>1300 Clark</i> | 22c. DATE SIGNED<br><i>4-10-59</i> |
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|   |                                   |  |  |
|---|-----------------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Removal</i> | 23b. DATE<br><i>Apr. 11, 1959</i> | 23c. NAME OF CEMETERY OR CREMATORY<br><i>Resurrection Cemetery</i> | 23d. LOCATION (City, town, or county) (State)<br><i>St. Louis County, Missouri</i> |
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| 24. FUNERAL DIRECTOR<br><i>Wacker-Helderle-3634 Gravois Ave.</i> | 25. DATE RECD. BY LOCAL REG.<br><i>APR 10 '59</i> | 26. REGISTRAR'S SIGNATURE<br><i>Lead Smith, M.D.</i> |
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

*m & B*

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 *Frank J. Hand* .....  
Licensed Embalmer No. *2645* .....  
P. O. Address *St Louis Mo* .....

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.