

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025987

FILED JUL 16 1959

Primary Registration District No. 4-324 Registrar's No. 26-59

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Miller		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jim Henry Township		a. STATE Missouri COUNTY Miller		c. CITY OR TOWN St. Elizabeth	
Length of stay in lb Life		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Joseph Frederick Struemph				4. DATE OF DEATH Month Day Year July 4 1959			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-5-1890	9. AGE (last birthday) 69	IF UNDER 1 YEAR		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Elizabeth, Mo.	12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME Henry Struemph		13b. MOTHER'S MAIDEN NAME Anna Borgmeyer		14. NAME OF HUSBAND OR WIFE Anna Bax Struemph			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WWI		16. SOCIAL SECURITY NO. 488429125		17. INFORMANT Address Anna Struemph, St. Elizabeth, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <i>arteriosclerotic heart disease</i>						2 yrs.	
DUE TO (b)							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Cerebral arteriosclerosis</i>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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 a.m. p.m. Month, Day, Year							
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 <i>Dec 13, 1958</i> to <i>Apr 3, '59</i> and last saw him alive on <i>Apr 3, '59</i> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Earl L. Loyd, M.D.</i>				22b. ADDRESS <i>Jeff. City, Mo.</i>		22c. DATE SIGNED <i>7-10-59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>July 7 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>St. Elizabeth Cemetery</i>		23d. LOCATION (City, town, or county) <i>St. Elizabeth, Mo.</i>		(State)
24. FUNERAL DIRECTOR <i>Walter P. Hedges</i>		25. DATE RECD. BY LOCAL REG. <i>July 11, 1959</i>		26. REGISTRAR'S SIGNATURE <i>Mrs. M. E. Kallenbach</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 16 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Walter P. Hedger

Licensed Embalmer No. 426

P. O. Address Meriden, Conn.

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.