

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Overland	
Length of stay in lb 3 wks.		d. STREET ADDRESS (If outside, give location) 2536 Sims Ave.,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Incarnate Hosp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First AUGUSTA Middle STRAUSSNER Last		Month Sept. Day 28 Year 1960	
5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-7-1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	9. AGE (last birthday) 73
10b. KIND OF BUSINESS OR INDUSTRY Own Home		12. CITIZEN OF WHAT COUNTRY USA	

13a. FATHER'S NAME George Nolte		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE John J. Straussner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) No		16. SOCIAL SECURITY NO. 488-26-7759		17. INFORMANT Evelyn H. Kirkpatrick, 2536 Sims	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH 7 yr.	

PART I. DEATH WAS CAUSED BY:		IMMEDIATE CAUSE (a) Diabetes Mellitus Diabetes Mellitus		INTERVAL BETWEEN ONSET AND DEATH 7 yr.	
DUE TO (b)		DUE TO (c) 260x			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)	
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20c. TIME OF INJURY		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 4-20-57 to 9-28-60 and last saw her alive on 9-28-60		Death occurred at 9:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			

22. SIGNATURE (Degree or title) Herman F. Kloeder M.D.		22b. ADDRESS 9616 Hubbard Rd.		22c. DATE SIGNED 9/29/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10/1/1960		23c. NAME OF CEMETERY OR CREMATORY Zion Cemetery	
23d. LOCATION (City, town, or county) St. Louis County, Missouri		(State)			

24. FUNERAL DIRECTOR ADDRESS Baumann Bros. Inc. 2501 Woodson Rd., Overland 11, Mo.		25. DATE RECD. BY LOCAL REG. SEP 29 1960		26. REGISTRAR'S SIGNATURE Leonard Smith, M.D.	
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. J.H. Kloecker
9616 Lacklind Rd.,
HA7-1855

0961 9 100

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 David C. Gibson

Licensed Embalmer No. 3459

P. O. Address Overland

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.