

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b <b>11 Yrs.</b>	c. CITY OR TOWN <b>St. Louis</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>5247 Waterman Ave.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>5247 Waterman Ave.</b>
3. NAME OF DECEASED (Type or print) First <b>Hugo</b> Middle <b>H.</b> Last <b>Stranghoener</b>		4. DATE OF DEATH Month <b>1</b> Day <b>10</b> Year <b>1961</b>	

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/30/84</b>	9. AGE (last birthday) <b>76</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Baker (ret.)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Baking</b>		11. BIRTHPLACE (City and state or country) <b>- Germany</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Henry Stranghoener</b>		13b. MOTHER'S MAIDEN NAME <b>Karolina Wehelman</b>		14. NAME OF HUSBAND OR WIFE <b>Etta B. Stranghoener</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? <b>No</b> (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <b>Mrs. Etta B. Stranghoener</b> Address <b>5247 Waterman</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Coronary Occlusion**  
 DUE TO (b) **Diabetes mellitus**  
 DUE TO (c) **260x**  
 INTERVAL BETWEEN ONSET AND DEATH **immediate**  
**many years**

CONDITIONS, IF ANY, WHICH PRECEDED OR ABOVE CAUSE (If stating the underlying cause, list.)  
**1-12-61**

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.  
 Yes  No  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.)	
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 <b>St. Louis</b>	
20g. COUNTY <b>St. Louis</b>		20h. STATE <b>Mo.</b>	
21. I attended the deceased from <b>4-10-56</b> to _____ and last saw her/him alive on <b>9-26-60</b> Death occurred at <b>1:30 P</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Raymond Costello</b> (Degree or title)		22b. ADDRESS <b>100 N. Euclid</b>	
22c. DATE SIGNED <b>1-12-61</b>			

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	23b. DATE <b>1/14/61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Laurel Hill Cemetery</b>	23d. LOCATION (City, town, or county) <b>St. Louis County Mo.</b>
24. FUNERAL DIRECTOR <b>Drehmann-Harral, 1905 Union Blvd.</b>		25. DATE RECD. BY LOCAL REG. <b>JAN 12 1961</b>	26. REGISTRAR'S SIGNATURE <b>Paul Smith, M.D.</b>

DATE AMENDED \_\_\_\_\_  
 INSTEAD OF \_\_\_\_\_  
 DOCUMENT \_\_\_\_\_  
 MEDICAL CERTIFICATION \_\_\_\_\_  
 SHOULD READ \_\_\_\_\_  
 ITEM NO. \_\_\_\_\_  
 BY AFFIDAVIT OF \_\_\_\_\_

Dr. Cyril Costello  
100 N. Euclid  
Fo 7-4031  
Hrs. Thurs. 11-12:30

**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 Melvin L. Kemper

Licensed Embalmer No. 4052

P. O. Address 4911 Wash

St. Louis 2

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.