

AMENDED FILED MAR 30 1961 Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH
 a. COUNTY
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **ST. LOUIS** Length of stay in 1b
 c. CITY OR TOWN **ST. LOUIS** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **4325 Hartford St** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **Nettie Louise STRASSER** 4. DATE OF DEATH Month Day Year **3-19-61**
 5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **11-30-1876** 9. AGE (last birthday) **84** IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **At Home** 10b. KIND OF BUSINESS OR INDUSTRY **—** 11. BIRTHPLACE (City and state or country) **Fieldon, Ill** 12. CITIZEN OF WHAT COUNTRY **USA**
 13a. FATHER'S NAME **Jacob Strasser** 13b. MOTHER'S MAIDEN NAME **Not Known** 14. NAME OF HUSBAND OR WIFE **None**

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 Address **ESTHER STRASSER 12 N Taylor Woods**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Acute Pulmonary Edema** INTERVAL BETWEEN ONSET AND DEATH **24 hrs**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Cardiac Decompensation** **2 yrs**
 DUE TO (c) **Arteriosclerotic Heart Disease** **10 yrs**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **420.0** PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) **420.0**

20c. TIME OF INJURY Hour s.m. p.m. Month, Day, Year
 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 **May 1960** to **March 1961** and last saw ^(see) him alive on **March 18, 1961**
 Death occurred at **3:00 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Robert M. Launch M.D.** 22b. ADDRESS **52 Maryland Plaza** 22c. DATE SIGNED **20 March 1961**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **3.22.61** 23c. NAME OF CEMETERY OR CREMATORY **New Picker** 23d. LOCATION (City, town, or county) (State) **ST. LOUIS MO**

24. FUNERAL DIRECTOR ADDRESS **G. Keon 2707 N. GRAND** 25. DATE RECD. BY LOCAL REG. **MAR 20 1961** 26. REGISTRAR'S SIGNATURE **Lead Smith, M.D.**

DATE AMENDED
 INSTEAD OF
 ITEM NO. SHOULD READ
 BY AFFIDAVIT OF

DOCUMENT
 MEDICAL CERTIFICATION

W. L. L...
52 Maryland Plaza
70788

MAY 16 1961

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 W E Morris

Licensed Embalmer No. 3360
P. O. Address St Louis

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.