

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-046095**

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11774**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1

2 **203**

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4 **0**

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12 **74-0**

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

<b>FILED DEC 5 1963</b> 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, Mo.</b>		Length of stay in 1b <b>26 days</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>6566 Lindenwood</b>	
Inside Limits Yes <input checked="" 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) First <b>Fred</b> Middle <b>William</b> Last <b>Streib</b>			4. DATE OF DEATH Month <b>November</b> Day <b>26</b> Year <b>1963</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>3-25-07</b>
9. AGE (last birthday) <b>56</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>laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Anheuser Busch</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>William Frederick Streib</b>	
13b. MOTHER'S MAIDEN NAME <b>Emma Marie</b>		14. NAME OF HUSBAND OR WIFE <b>Divorced</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of no)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mrs. Emma Marie Murphy</b>		Address <b>6566 Lindenwood</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) <b>Septicemia</b> DUE TO (b) <b>Diverticulitis of colon = perforation</b> DUE TO (c) <b>Colon obstruction</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Cirrhosis of liver</b>			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 checked="" 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.) <b>5721</b>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
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 <b>11-1-63</b> to <b>11-26-63</b> and last saw her/him alive on <b>11-26-63</b> . Death occurred at <b>11:00pm</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (In free or title) <b>Paul J. Smith M.D.</b>		22b. ADDRESS <b>307 So Euclid Ave.</b>	
22c. DATE SIGNED <b>11/29/63</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		23b. DATE <b>11-20-63</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery</b>		23d. LOCATION (City, town, or county) <b>St. Louis, Mo. County</b>	
24. FUNERAL DIRECTOR <b>HOFFMEISTER COLONIAL MORTUARY</b>		25. DATE RECD. BY LOCAL REG. <b>NOV 29 1963</b>	
26. REGISTRAR'S SIGNATURE <b>Paul J. Smith, M.D.</b>			

USE BLACK INK OR TYPEWRITER RIBBON

6464 Chippewa

(Licensed Embalmer's Statement on Reverse Side)

Dr. S. Pranger  
52 Maryland Plaza  
FO. 1-3062

**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 Lee C. Branson

Licensed Embalmer No. 4764

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.