REG'D MAR 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4740
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 1433

1. PLACE OF DEATH
(a) County
(b) Township
(c) City
(d) Street No. Park Lane Memorial Hosp. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 3/62 Lillian C. Strus,
(a) Residence, No. 4124 Clarence Ave. St. 10
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Thomas Beck.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 4. 1887

7. AGE: Years 52 | Months 0 | Days 7 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo.

FATHER
13. NAME: August Strus,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Anna Sandler,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri.

17. INFORMANT (ADDRESS): Louis F. Strus, 4124 Clarence Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Bethlehem DATE 2/14/1939, 19

19. FUNERAL DIRECTOR (NAME) W. A. Stock Und. Co.
(ADDRESS) 2117 E. Grand Blvd.

20. FILED FEB 14 1939 J. B. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 21, 1939, to February 11, 1939
I last saw her alive on February 11, 1939. Death is said to have occurred on the date stated above, at 3:20 A.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma Stomach
Pyloric
Face Glands
and Sister Mesenteric

Other contributory causes of importance:
C.O. Diverticulosis Sigmoid
and Colon

Name of operation Post Mort Autopsy Date of Feb. 6, 1939
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify
(Signed) Henri Dumas, M.D.
(Address) 4930 Lindell Blvd., St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 .....

Registered Apprentice No....., working under my personal supervision.

Signed Frank A. Mon

Licensed Embalmer No. 3041

P. O. Address 2117 E. Gra

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 this body is not embalmed, above space should be left blank.