

28015

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

7515

SEP 14 1939 791

Registration District No.

Primary Registration District No.

Registrar's No.

1008

1. PLACE OF DEATH: 2.

(a) County \_\_\_\_\_

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Chase Hotel  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 1

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 127

(d) Street No. Chase Hotel  
210 N. KINGS HIGHWAY  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Emil S. Strauss 362

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

20. DATE OF DEATH: Month Aug. day 30  
year 1939 hour 8 minute a. M.

4. Sex Male 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from 1919  
\_\_\_\_\_, 19\_\_\_\_, to Aug 30, 1939  
that I last saw him alive on Aug 29, 1939  
and that death occurred on the date and hour stated above.

7. Birth date of deceased May 24 - 1866  
(Month) (Day) (Year)

Immediate cause of death Cerebellar Hemorrhage Duration 13 days

8. AGE: Years Months Days If less than one day

<u>73</u>	<u>3</u>	<u>6</u>	hr. min.
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Due to arterio-sclerosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy Cerebellar Hemorrhage

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation Merchant

11. Industry or business Military

12. Name Simon Strauss

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Block

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jesse Wolford

(b) Address 108 N Broadway

17. (a) Cremation (b) Date thereof Sept 1-39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director Herbert Ruppel

(b) Address 5714 Delmar Blvd

19. (a) AUG 31 1939 (b) \_\_\_\_\_  
(Date received local registrar)

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Arthur E. Small (M. D. or other) \_\_\_\_\_

Address 539 N. Grand Ave. Date signed 9/20/39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Rev. 5-17-39  
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**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.....

*Chris Cooper*

Licensed Embalmer No. *3830*

P. O. Address. *5216 Delmar*

**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.**