

34039

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____
Registrar's No. 8577

Registration District No. 1000

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution: 2244a Jules St.

(d) Length of stay: _____

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1

(c) City or town St. Louis 23

(d) Street No. 2244a Jules St.

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Wilfrid G. Strebler

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 16, 1922

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5th year 1939 hour 2 minute 35 A. M.

21. I hereby certify that I attended the deceased from Dec 17 1938, to Oct 5th, 1939;

that I last saw him alive on Oct 4, 1939 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>17</u>	<u>8</u>	<u>19</u>	hr. _____ min. _____

Immediate cause of death: Teratoma of Rt. Testicle with generalized metastases.

Due to _____

Due to _____

9. Birthplace St. Louis, Missouri

10. Usual occupation At School

11. Industry or business _____

MOTHER FATHER

12. Name Joseph Strebler

13. Birthplace St. Louis, Missouri

14. Maiden name Anna Jaros

15. Birthplace St. Louis, Missouri

Other conditions (Include pregnancy within 3 months of death) 5/

Major findings: Teratoma Rt Testicle

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Joseph Strebler

(b) Address 2244a Jules St.

17. (a) Burial (b) Date thereof Oct. 7, 1939

(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director J. H. Hebbken L. & Co.

(b) Address 2630 Gravois Ave.

19. (a) Oct 6 1939 (b) _____

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? _____

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

While at work? _____

28. Signature Ronald W. ... (M. D. or other) _____

Address 1703 So Grand Date signed 10-6-39

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
1 X19811

1703 S Grand St.

230 - 9 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.....me.....
....., Registered Apprentice No.....
.....
working under my personal supervision.

Signed.....Herman A. Gebken.....
Licensed Embalmer No. 2120
P. O. Address.....2842 Meramec St.
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 this body is not embalmed, above space should be left blank.