

JAN 12 1940
Registration District No. 791

Primary Registration District No. _____

1. PLACE OF DEATH: 1003
(a) County 1
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Anthony's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one week
In this community Life
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Julia Strobel 361
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Louis 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased April 9, 1876
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>63</u>	<u>7</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace Gasconade County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Houswife

11. Industry or business _____

MOTHER FATHER
12. Name Jannisch
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Not known
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Louis Strobel
(b) Address 4824 Goethe

17. (a) Burial (b) Date thereof 12/5/39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director John S. Ziegenhein & Sons
(b) Address 7027 Gravois

19. (a) DEC 4 1939 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1
(a) State Missouri (b) County _____
(c) City or town St. Louis 2
(If outside city or town limits, write "RURAL")
(d) Street No. 4824 Goethe
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1
year 1939 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from 11/27, 1939, to 12/1, 1939,
that I last saw h or alive on 12/1, 1939,
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism
Post operative
Due to operation 11/28/39
for carcinoma of cervix
Due to _____

Duration
10 Days

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Specimens of cervix
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

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?

While at work _____ (Specify type of place) (e) Means of injury _____
28. Signature W. H. Scherer (M. D. or other) W. D.
Address 3115 S. Grand Date signed 12/4/39

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.....

Clarence P. Kidwell

Licensed Embalmer No.....

3877

P. O. Address.....

6937-9 Grandis

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.