

Registration District No. 257

Primary Registration District No. 5998

Registrar's No. 25

1. PLACE OF DEATH: St Charles  
 (a) County St Charles  
 (b) City or town Rural - St Charles Township  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St Charles County Home  
 (If not in hospital or institution, write street number or location) 3  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County St Charles  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL") 0  
 (d) Street No. St Charles County Home  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME HERMAN STRUS 362  
 8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Anna Lueding 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased May 3rd 1858  
 (Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Henry Strus

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

14. Maiden name Catherine Knobbe

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

16. (a) Informant's own signature H. J. Strus

(b) Address Edsberg mo.

17. (a) Burial (b) Date thereof Feb 15, 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evangelical Cemetery - Edsberg mo.

18. (a) Signature of funeral director H. K. Korman - Ball

(b) Address 326 N. 6th St - St. Charles mo

19. (a) 7/15/40 (b) Clarence B. Messler  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12th  
 year 1940 hour 4 minute - A. M.

21. I hereby certify that I attended the deceased from July 1st, 1939, to Feb 12th, 1940.  
 that I last saw him alive on Feb 5th, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. enterocolitis  
(Bacillary) Duration 10 days

Due to San Antonio's scleroma 5 yr.

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

Other conditions none - 1270  
 (Include pregnancy within 3 months of death)

Major findings: none

Of operations none

Of autopsy none

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) (a) Means of injury \_\_\_\_\_

23. Signature A. P. Erich Schaub (M. D. or other) \_\_\_\_\_

Address St Charles Mo. Date signed 2/13/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.

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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..... *Arthur C. Bruce* .....

Licensed Embalmer No. *3147* .....

P. O. Address..... *St Charles 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.**