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MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

16610

State File No. \_\_\_\_\_

JUN 15 1940 791  
Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4088

1. PLACE OF DEATH:

(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:  
5026 Wells Avenue  
(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

3. (a) PRINT FULL NAME Edward A. Strub 361

3. (b) If veteran, name war No 3. (c) Social Security No. 710-07-1137

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

6. (b) Name of husband or wife Callie May Strub 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Nov. 1 1896  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
43 6 5 hr. min.

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

10. Usual occupation Cooper

11. Industry or business Western Weighing & Inspection Bureau

MOTHER FATHER { 12. Name Edward Strub

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

MOTHER { 14. Maiden name Amelia Kaupe

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

16. (a) Informant Callie May Strub

(b) Address 5026 Wells Avenue

17. (a) Burial (b) Date thereof May 7 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Louisiana Missouri

18. (a) Signature of funeral director Chas. P. Stuart

(b) Address 1225 Union Blvd.

19. (a) MAY 7 1940  
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 6  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5026 Wells Avenue  
(If rural, give location)  
(e) ~~Foreign born, how long in U.S. \_\_\_\_\_ years.~~

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6  
year 1940 hour 1:00 minute 5 A. M.

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

Immediate cause of death  
Arterio Sclerosis with concentric atherosclerosis of coronary arteries  
Due to Chronic Parenchymatous nephritis

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 131

Major findings: 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) \_\_\_\_\_  
(c) Means of injury 5

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address [Signature] Date signed \_\_\_\_\_

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

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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

*J. G. Sullivan*

Licensed Embalmer No. 1122

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

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