

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 1037

1. PLACE OF DEATH:

St. Louis
(a) County _____
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
(Specify whether _____)
In this community Birth
years, months or days _____

3. (a) PRINT FULL NAME Charles Robert Streck 362

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased March 6, 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 2 23 hr. min.

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

10. Usual occupation None

11. Industry or business _____

12. Name Charles Streck

18. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Corrine Payne

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Charles Streck

(b) Address 6108 Lithia Ave P.L. MO.

17. (a) Burial (b) Date thereof 5/31/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zions Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) MAY 31 1940 (b) R. R. Meyer, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Pine Lawn
(If outside city or town limits, write "RURAL")
(d) Street No. 6108 Lithia Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29th
year 1940 hour 11:30 PM minute _____ M.

21. I hereby certify that I attended the deceased from 4/9
_____ 1940 to 5/29 1940

that I last saw him alive on 5/29 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Bronchopneumonia

Due to Aspiration of food material

Due to 107a

Other conditions Mongolism

(Include pregnancy within 3 months of death)

Major findings: Multiple small areas of consolidation and fatal atelectasis both lower lobes

Of autopsy: and signs of mongolism

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? _____

707 _____
(Specify type of place) While at work? (e) Means of injury _____

23. Signature Judith A. Ross (M. D. or other) _____

Address 4862 Wood Jar Red St. St. Louis Date signed 5/31-40

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

P. O. Address.....

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.