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FILED FEB 14 1941
297

Registration District No. 297

Primary Registration District No. 3016

Registrar's No. 3

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

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Washington, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hour
(Specify whether
In this community 20 yrs.
years, months or days)

3. (a) PRINT FULL NAME Maurice Joseph Strubberg
3. (b) If veteran, name war _____
3. (c) Social Security No. 499-05-0572

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

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 7 1921
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
19 11 29 hr. min.

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

10. Usual occupation Bottling Machine operator

11. Industry or business Mo. Val. Creamery Co.

MOTHER { 12. Name Martin Strubberg
13. Birthplace Villa Ridge Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Josephine Schroeder
15. Birthplace Krakow Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Courtesy J. Strubberg
(b) Address 304 Williams, Washington, Mo.

17. (a) Burial (b) Date thereof Jan. 9, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Missouri

18. (a) Signature of funeral director Henry W. Otto
(b) Address Washington, Missouri

19. (a) Jan. 7-1941 (b) H. A. May
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin
(c) City or town Washington
(If outside city or town limits, write "RURAL")
(d) Street No. 304 Williams
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 6
year 1941 hour 10 minute P. 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 Auto Accident Duration _____
on Washington - Union road
about 1/4 mile from Washington
Due to Internal Injuries
Due to due from accident
& fractured left ankle
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy No.

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) Accident
(b) Date of occurrence January 6, 1941
(c) Where did injury occur Washington, Franklin Co. Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
2711 Public Place
(Specify type of place) (e) Means of injury Auto Accident
While at work? _____ (f) M.D. or other Cronerly
23. Signature Ernest P. Altman M. D. or other _____
Address Garard Missouri Date signed 1/7/41

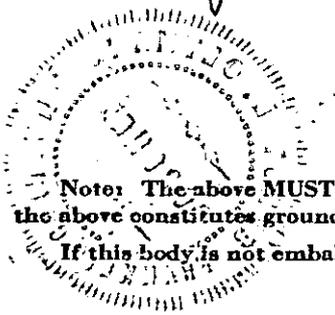
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Henry W. Otto, Registered Apprentice No. none, working under my personal supervision.

Signed Henry W. Otto
Licensed Embalmer No. 3560
P. O. Address Washington



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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2507
Registrar's No. 3

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
Registration District No. 297

Primary Registration District No. 3016

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

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

3. (a) PRINT FULL NAME Maurice Joseph Strubberg
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced.....
6. (b) Name of husband or wife..... 6. (c) Age of husband, or wife, if alive..... year.....

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
19 11 29 hr. min.

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

10. Usual occupation.....

MOTHER FATHER { 11. Industry or business.....
12. Name.....
13. Birthplace. (City, town, or county) (State or foreign country)
14. Maiden name.....
15. Birthplace. (City, town, or county) (State or foreign country)

16. (a) Informant..... (b) Address.....

17. (a)..... (b) Date thereof. (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director..... (b) Address.....

19. (a)..... (b)..... (Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH Month Jan day 6 year 1970 hour..... minute..... M.
21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw h..... alive on....., 19....., and that death occurred on the date and hour stated above.

Immediate cause of death Auto accident
W. Washington & Union Rd.
abt 1/4 mi. from Washington
Due to.....
Due to internal injuries due from
accident & fract left
ankle.

Other conditions. (Include pregnancy within 3 months of death)
and neck fracture
Major findings:
Of operations.....
Of autopsy 170 2.0 over

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) accident
(b) Date of occurrence 1-6-70
(c) Where did injury occur? Franklin Co. Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industry, place, in public place?
Public Peace & Highway
While at work? (Specify type of place) (e) Means of injury
23. Signature Ernst L. Ottmann, Coroner (M. D. or other)
Address..... Date signed.....

Driving fast and failed to make a
turn on a curve. Car left highway
went over embankment into ditch,
a state maintained highway.