

No. 2
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED MAR 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5527

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1725

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

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:
4504a Clarence Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether Birth (Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles W. Streib

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 Widower

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased May 3, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

74 9 19 hr. min.

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

10. Usual occupation Retired

11. Industry or business Boiler maker

MOTHER FATHER

12. Name Jacob J. Streib

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

14. Maiden name Elizabeth Ettinger

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

16. (a) Informant Miss Elsie Streib

(b) Address 4504a Clarence Ave

17. (a) Burial (b) Date thereof 2/25/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

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

(b) Address 2161 East Fair Ave

19. (a) FEB 25 1941 (b) J. M. Bredsch
(Date last certified registered) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 003
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(a) State Missouri (b) County.....

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4504a Clarence Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 22,
year 1941 hour 5:30 AM minute..... M.

21. I hereby certify that I attended the deceased from July, 1940 to Feb 21, 1941
that I last saw he alive on Feb 21, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic mitral Regurgitation 5-yr
arteriosclerosis ?

Duration

Due to.....

Due to.....

Other conditions arteriosclerosis ?
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations.....
Of autopsy.....

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 D

23. Signature Arthur P. Smith (M. D. certifier)
Address 4500 Clarence Date signed FEB 25 1941

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

William G. Bushby

Licensed Embalmer No.

2110 J

P.O. Address.

St. Louis, 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, fact should be so stated above.