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FILED APR 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1941 85

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 10158

Registrar's No. 360

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

11
1
7

1. PLACE OF DEATH:

(a) County Buchanan,

(b) City or town Saint Joseph,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Methodist Hospital,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days, 0 (Specify whether
In this community 79 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 11

(a) State Missouri, (b) County Buchanan, 1

(c) City or town Saint Joseph, 7
(If outside city or town limits, write "RURAL")

(d) Street No. 101 North 17th. Street,
(If rural, give location) 0

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

3. (a) PRINT FULL NAME Aaron J. Straus,

3. (b) If veteran, name war None,

3. (c) Social Security No. None,

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

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

7. Birth date of deceased December 23, 1861
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
79	3	6	hr. min.

9. Birthplace Saint Louis, Missouri, 0
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant,

11. Industry or business Retail Clothing,

FATHER
12. Name Joseph Straus,
13. Birthplace Unknown, Germany, 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Esther Jacobs,
15. Birthplace Unknown, Germany, 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M. L. Swike
(b) Address Robidoux Hotel

17. (a) Burial (b) Date thereof 3/30/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Adath Joseph Cemetery,

18. (a) Signature of funeral director Heaton-Bergen Bowman Funeral
(b) Address 319 So. 10th. Street, Home

19. (a) 3/30/41 (b) H J Nestlebush
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29th.
year 1941 hour 7:00 minute 46 a.M.

21. I hereby certify that I attended the deceased from Mar 23, 1941, to March 27, 1941;
that I last saw him alive on March 28, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart Block	
Chronic Myocarditis	
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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

23. Signature M. Sabrstein (M. D. or other) M.D.
Address 620 Francis Date signed 3-29-41

(Licensed Embalmer's Statement on Reverse Side) ST. JOSEPH

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 3-29-

; Registered Apprentice No. ,

working under my personal supervision.

Signed Wm E Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 So 10th St Sparm

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.