

No. 2  
1-10-39  
17-39  
X21492

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **10366**

Registration District No. **169**

Primary Registration District No. **5235**

Registrar's No. **16**

**1. PLACE OF DEATH:**  
 (a) County **Chariton**  
 (b) City or town **Rural Brunswick**  
(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 **1**  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Chariton**  
 (c) City or town **Rural**  
(If outside city or town limit, write "RURAL")  
 (d) Street No. **0** (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

**3. (a) PRINT FULL NAME** **ZELMA LORENE STRAUH**  
 (b) If veteran, name war \_\_\_\_\_  
 (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **March** day **18<sup>th</sup>**  
 year **1941** hour **1:00 AM** minute \_\_\_\_\_ M.  
**21. I hereby certify that I attended the deceased from** **12-17**  
**1940** to **3-17**, 19**41**  
 that I last saw her alive on **3-17**, 19**41**  
 and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **David Strauh** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **Oct. 31 1912**  
(Month) (Day) (Year)

Immediate cause of death **Acute heart failure**  
 Duration \_\_\_\_\_

**8. AGE:** Years **30** Months **4** Days **18**  
 If less than one day hr. \_\_\_\_\_ min.

Due to **Myasthenia Gravis** **3 yrs.**

9. Birthplace **Brunswick Mo. 0**  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

10. Usual occupation **House wife**

Other conditions **Bronchitis**  
(Include pregnancy within 3 months of death) **3 days**

**MOTHER FATHER**  
 11. Industry or business \_\_\_\_\_  
 12. Name **Otto C. J. Sussewind**  
 13. Birthplace **Brunswick, Mo. 0**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Mary Jillett**  
 15. Birthplace **Brunswick, Mo. 0**  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Chas. Strauh**  
 (b) Address **Brunswick, Mo.**

**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? **15<sup>th</sup>**  
(Specify type of place) (e) Means of injury \_\_\_\_\_

17. (a) **Burial** (b) Date thereof **3/30/1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Brunswick, Mo.**

23. Signature **H. W. Stewart** (Dr. D. or other) **U**  
 Address **Brunswick, Mo.** Date signed **3-18-41**

18. (a) Signature of funeral director **John W. Meyer**  
 (b) Address **Brunswick, Mo.**  
 19. (a) **3/19/1941** (b) **Harry E. Fatacus**  
(Date received local registrar) (Registrar's signature)

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

NOV 1 1945

NOV 6 1945

RECEIVED  
 District Health Officer No. 8,  
 District File Number  
 Date Filed 11-11-45

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

*John H. Meyer*

Licensed Embalmer No. 3730

P. O. Address *Princeton, N.J.*

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.