

STANDARD CERTIFICATE OF DEATH

State File No. **19810**
4622
Registrar's No. _____

FILLED JUL 21 1941

Registration District No. **791**

Primary Registration District No. **1003**

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:
Desloge Hospital *U*
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(c) State **MO.** (b) County **000**
(e) City or town **St. Louis** **317**
(If outside city or town limits, write "RURAL")
(d) Street No. **6723** **Marmaduke Ave.** **F**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **John Edward Struempler**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **48-12-9787**

20. DATE OF DEATH: Month **June** day **1st**
year **1941** hour **10:30** minute **A.M.** M.

21. I hereby certify that I attended the deceased from **May 26/41**
19 **June** 19 **41**
that I last saw him alive on **May 31** 19 **41**
and that death occurred on the date and hour stated above.

4. Sex **Male** () 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Emma Struempler**
6. (c) Age of husband or wife if alive **63** years
7. Birth date of deceased **Aug. 19th 1872**
(Month) (Day) (Year)

Immediate cause of death **Bilateral Broncho-Pneumonia** Duration **2 days**

8. AGE: Years Months Days If less than one day
68 **9** **13** hr. min.

Due to **Carcinoma Stomach**

9. Birthplace **Cincinnati / Ohio**
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation **Elevator Operator**

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

11. Industry or business _____

Major findings: **Carcinoma Stomach** Of operations _____

12. Name **Heinrich Struempler**

Of autopsy **Bil. Broncho Pneumonia**

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

14. Maiden name **Karoline Kuschler**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Mildred Vocks**

(b) Address **6723 Marmaduke Ave.**

17. (a) **Burial** (b) Date thereof **6-4-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bethany Cemetery**

18. (a) Signature of funeral director **Kriegshauser Mortuary**

(b) Address **4228 So. Kingshighway Blvd.**

19. (a) **JUN 2 1941** (b) **J. W. Predeck**
(Date received local registrar) (Registrar's signature)

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) _____
(e) Means of injury _____

23. Signature **Edward J. Jordan** (M. D. or other) _____

Address **4030 Chouteau** Date signed **6/1/41**

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

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 *Edwin M. Dermaat*

Licensed Embalmer No. *3024*

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, fact should be so stated above.