

No. 2  
4-13-40  
5-17-39  
I X23139

Registration District No. 791 Primary Registration District No. 1003

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

10  
17  
9

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis Mo.

(c) Name of hospital or institution: Formin Desloge Hosp. (1)  
(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

3. (a) PRINT FULL NAME Charles H. Strom.

3. (b) If veteran, name war NONE

3. (c) Social Security No. 497-09-6334

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife MARGUERITE STROM

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased AUGUST 8 1890  
(Month) (Day) (Year)

8. AGE: Years 50 Months 10 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace ST. LOUIS - Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation STORE (CONFECTIONERY) OWNER

11. Industry or business SELF.

12. Name JACOB STROM.

13. Birthplace ST. LOUIS Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name ANNA WELITZ!

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

16. (a) Informant Mrs. Marguerite Strom

(b) Address 5411 Cote Brilliant

17. (a) BURIAL (b) Date thereof JUNE 21 1941.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VALHALLA CEMETERY

18. (a) Signature of funeral director Wm. M. Schumacher

(b) Address 4830 Hadley Bldg

19. (a) JUN 21 1941 (b) J. T. Brudeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town ST. LOUIS 176  
(If outside city or town limits, write "RURAL")

(d) Street No. 5411 COTE BRILLIANT. 9  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19  
year 1941 hour 2 minute 40 A.M.

21. I hereby certify that I attended the deceased from Mar  
March 15, 1941, to June 19, 1941;  
that I last saw him alive on June 19, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death cardiac Failure

Due to Rheumatic Heart Disease Uncertain

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

Other conditions Emphysema, Non-tuberculous  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy Rheumatic valvulitis; emphysema; Plural effusion; Pulmonary Edema.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None.

(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 \_\_\_\_\_

23. Signature Klein Schmidt (KLEINSCHMIDT)  
(M. D. or other) \_\_\_\_\_

Address 3000 Locust St Date signed 6-20-41

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

**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.....

*John A. Melisar*  
.....  
working under my personal supervision.

Registered Apprentice No. ....

Signed *John A. Melisar*  
.....

Licensed Embalmer No. *4186*

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.**