

No. 2
-1-4-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20564

State File No. _____

5376

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. _____

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:
St. Louis Childrens Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days
(Specify whether _____)

In this community Birth
years, months or days)

3. (a) PRINT FULL NAME Wm. Joseph Strughold

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 Single

6. (b) Name of husband or wife None

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

7. Birth date of deceased November 8, 1938
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>2</u>	<u>7</u>	<u>10</u>	hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Herman Strughold

13. Birthplace St. Louis County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Iva V Miller

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

16. (a) Informant Herman Strughold

(b) Address 705 Doddridge St.

17. (a) Burial (b) Date thereof 7/1/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

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

(b) Address 2161 East Fair Ave

19. (a) JUN 30 1941 (b) J. J. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(c) State Missouri (b) County 0000
17

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

(d) Street No. 705 Doddridge St.
(If rural, give location) 18

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 28
year 1941 hour 9:30 minute 0 a. m.

21. I hereby certify that I attended the deceased from 6-18-1941 to 6-28-1941
that I last saw him alive on 6-28-1941
and that death occurred on the date and hour stated above.

Immediate cause of death Leukemia (Lymphatic)

Due to _____

Due to _____

Other conditions Autopsy performed report not returned.
(Include pregnancy within 3 months of death)

Major findings: Autopsy performed report not returned.

Of operations _____

Of autopsy _____

Duration

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? _____

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

23. Signature R. J. Blakes (M. D. or other) 0

Address 507 S. Kings Date signed _____

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..... *Louise Hampton*
Licensed Embalmer No. *2967*
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.