

DEC 22 1941

State File No.

Registration District No. 794

Primary Registration District No. 1003

Registrar's No. 9462

## 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. John's Hospital.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. 2 hour.  
 In this community 50 Years. (Specify whether  
 years, months or days)

3. (a) PRINT FULL NAME HERMAN J. STRASSER.3. (b) If veteran, name war None 3. (c) Social Security No. 493-10-8246

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Anna Strasser 6. (c) Age of husband or wife if alive 62 years  
 7. Birth date of deceased April 7, 1874  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>7</u>	<u>20</u>	hr. _____ min.

9. Birthplace Baden Germany  
(City, town, or county) (State or foreign country)10. Usual occupation Cabinetmaker11. Industry or business St. Louis Public Service.12. Name Dont Know13. Birthplace ? Germany  
(City, town, or county) (State or foreign country)14. Maiden name Dont Know15. Birthplace ? Germany  
(City, town, or county) (State or foreign country)16. (a) Informant Mrs Anna Strasser(b) Address 2120 Erich Ave.17. (a) Burial (b) Date thereof Dec. 1, 1941.  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Ann's Cemetery18. (a) Signature of funeral director. Geo. L. Pleitsch Inc.(b) Address 5966 Easton Ave.19. (a) NOV 29 1941 (b) J. Buddeck  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town Pine Lawn N. R. D.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2120 Erich Ave.  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27  
year 1941 hour 11 minute 59 P. M.21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.Immediate cause of death. Fracture of cervical spine, suffered when deceased fell down a flight of steps at his home November 27th, 1941, about 8:00 PM  
Due to \_\_\_\_\_ACCIDENT  
Due to \_\_\_\_\_Other conditions. 10/10  
(Include pregnancy within 3 months of death)Major findings: 10/10  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident(b) Date of occurrence 11/27/1941(c) Where did injury occur? Pine Lawn, St. Louis, Mo.  
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_23. Signature Alfred Perry (M. D. or other) \_\_\_\_\_Address St. Louis, Mo. Date signed 11/29/41

**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.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**