

FILED MAR 10 1942

Registration District No. **784**

Primary Registration District No. **200**

Registrar's No. **463**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **Normandy**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**1514 Ferguson Ave.**  
(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:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **Normandy**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1514 Ferguson Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME **KATHERINE STREICHER.**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Single**

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

7. Birth date of deceased **September 26, 1865.**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**76 4 29** hr. min.

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

10. Usual occupation **Housework**

11. Industry or business **at home**

MOTHER FATHER

12. Name **Leo Streicher.**

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

14. Maiden name **Barbara Hammon.**

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

16. (a) Informant **Miss Elizabeth Streicher.**

(b) Address **1514 Ferguson Ave.**

17. (a) **Burial** (b) Date thereof **2-28-1942.**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lake Charles Cemetery.**

18. (a) Signature of funeral director **Geo. L. Pleitsch Inc.**

(b) Address **5966 Easton Ave.**

19. (a) **FEB 28 1942** (b) **C. H. Mc Garrigley**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **25th.**  
year **1942** hour **3** minutes **P.M.** M.

21. I hereby certify that I attended the deceased from **Feb 20<sup>th</sup> 1942** to **Feb 25<sup>th</sup> 1942**  
that I last saw him alive on **Feb 25<sup>th</sup> 1942**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chs. Myocarditis** Duration **?**

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

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 **D. W. S. ...** (M. D. or other)

Address **6201 ...** Date signed **Feb 26 1942**

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

Dr. Irl Hicks.  
6201 Lotus Ave.

MAR 17 1942

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**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 Fetter*

Licensed Embalmer No. 3880

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.**