

No. 2
-1-4-41
5-17-39
P1 X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9274**
Registrar's No. **2385**

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:
Enroute to City Hospital #1
(If not in hospital or institution, write street number or location) **3**
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **15 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **23 000**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL") **9**
(d) Street No. **2047a Geyer Avenue**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
Attending Physician

3. (a) PRINT FULL NAME

EARL R. STRAHL

3. (b) If veteran, name war **World War #1** 3. (c) Social Security No. _____

4. Sex **0 male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Edna** 6. (c) Age of husband or wife if alive **39** years
7. Birth date of deceased **May 27, 1895**
(Month) (Day) (Year)

8. AGE: Years **46** Months **9** Days **16** If less than one day _____ hr. _____ min.

9. Birthplace **Geff, Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Truck driver**

11. Industry or business **BeMack Transport Co.**

MOTHER FATHER { 12. Name **William Strahl**
13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)
14. Maiden name **Bell Winkle**
15. Birthplace **Fairfield, Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Edna Strahl (Wife)**
(b) Address **2047a Geyer Avenue**

17. (a) **Burial** (b) Date thereof **Mar. 18, 42**
(Burial, cremation, or removal) (Month) (Day) (Year)
National Cemetery
(c) Place: burial or cremation _____

18. (a) Signature of funeral director **A. W. L. Kughlin**
(b) Address **2301 Lafayette Avenue**

19. (a) **MAR 18 1942** (b) **J. F. Bredek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **16**
year **1942** hour **3:00** minute **A** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Hemorrhage from Ruptured Arteries of Esophagus**

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
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? _____

(Specify type of place) _____
While at work? _____ (b) Means of injury _____
23. Signature **Thomas F. Callan** (M.D. or other) **3**
Address **Deputy Coroner** Date signed **3/14/42**

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

APR 9 1942

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.....

Charles D. Neighbors....., Registered Apprentice No. *319*
working under my personal supervision.

Signed *Paul A. Keith*.....

Licensed Embalmer No. *3612*.....

P. O. Address *2317 Lafayette*.....

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.