V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14299

Registration District No. 303 Primary Registration District No. 5420 Registrar's No. 15

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Hermann Rourk Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 129 West Third St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 32 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 37

(a) State Missouri (b) County Gasconade
(c) City or town Hermann
(If outside city or town limits, write "RURAL")
(d) Street No. 129 West Third St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME KATHERINE LOUISE STRECK

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

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

6. (b) Name of husband or wife Paul Streck 6. (c) Age of husband or wife if alive 73 (about) years

7. Birth date of deceased Nov (Month) 22 (Day) 1870 (Year)

8. AGE: Years 71 Months 4 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace Swiss (City, town, or county) Mo (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Christ Klossner
13. Birthplace (City, town, or county) 4 Germany (State or foreign country)

MOTHER
14. Maiden name Elnora Meier
15. Birthplace (City, town, or county) 4 Germany (State or foreign country)

16. (a) Informant Edwin P. Streck
(b) Address Kansas City, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (Month) 5 (Day) '42 (Year)
(c) Place: burial or cremation Hemann City Cemetery

18. (a) Signature of funeral director Hugo H. Blumer
(b) Address Hermann, Mo

19. (a) April 4-42 (Date received local registrar) (b) A. H. Siedler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day third year 1942 hour 7 minute 10A M.

21. I hereby certify that I attended the deceased from August eight 1940 to April 3, 1942 that I last saw her alive on April 3, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	30hrs.
Due to Arteriosclerosis	8yrs
Due to	
Other conditions (Include pregnancy within 3 months of death) Catarrhal inflamation of gall bladder	

Major findings:
Of operations
Of autopsy 94a

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? (e) Means of injury

23. Signature Leo A. Jeter (M. D. or other) 100
Address Hermann, Mo. Date signed 4/5/42

1261 (Licensed Embalmer's Statement on Reverse Side)

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.....Hugo J. Blumer

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.