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 28 1942 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16712

Registration District No. ____ Primary Registration District No. 1003 Registrar's No. 4385

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: Missouri Baptist Hospt. O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days, (Specify whether In this community 6 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96 0

(a) State Mo. (b) County St. Louis,

(c) City or town Chesterfield, Mo. R #1. Rural (If outside city or town limits, write "RURAL")

(d) Street No. Valley Rd. (If rural, give location) NR

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Barbara Strecker,

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 Married

6. (b) Name of husband or wife George W. Strecker,

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Oct. (Month) 20 (Day) 1872 (Year)

8. AGE: Years 69 Months 6 Days 28 If less than one day ____ hr. ____ min.

9. Birthplace St. Louis Co. (City, town, or county) Mo. O (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own home,

FATHER
12. Name Paul Schaeg,
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Susan Hayes,
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Geo. W. Strecker,

(b) Address Chesterfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-21-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Gumbo Cemetery St Louis Co

18. (a) Signature of funeral director Schrader Funeral Home,

(b) Address Ballwin, Mo.

19. (a) MAY 19 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18, year 1942 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from 5-14, 1942, to 5-18, 1942 that I last saw her alive on 5-18, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pleurisy c̄ effusion.	1 wk
Due to Possibly post pneumonic - no history of it.	Bron
Due to Effusion c̄ pus but no specific organism	
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? ____ (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature C H Denny (M. D. or other) MD

Address 611 Olive, St Louis Date signed 5-19-42

(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 Theo. Schrader

Licensed Embalmer No. 3066

P. O. Address Bellwin, 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.