

S. No. 2
9-4-41
5-17-39
1-1-42

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4824

State File No. _____
Registrar's No. **2091**

MAR 15 1943
Registration District No. **318**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2337 Hebert St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 2337 Hebert St. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ARTHUR J. STRAUB
3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife HILDA 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased FEB. 6 1886 (Month) (Day) (Year)

8. AGE: Years 57 Months 0 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation CONTRACTOR

11. Industry or business SELF

12. Name Wm C. STRAUB

13. Birthplace ST. LOUIS MO. (City, town, or county) (State or foreign country)

14. Maiden name EMILIE ERMENTRAUB

15. Birthplace ST. LOUIS MO. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hilda Straub

(b) Address 2337 Hebert St.

17. (a) BURIAL (b) Date thereof MAR 8 1943 (Month) (Day) (Year)

(c) Place: burial or cremation NEW BETHLEHEM

18. (a) Signature of funeral director Budenberg James

(b) Address 1936 St. Louis Ave.

19. (a) MAR 3 1943 (Date received local registrar) J. F. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR. day 1 year 1943 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb. 8, 1943, to March 1, 1943, that I last saw him alive on March 1, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic carcinoma of prostate gland. Duration _____

Due to Carcinoma of prostate gland.

Due to _____

Other conditions 51 (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 Robt. Snelson (M. D. or other) MD

Address 2202 University Date signed 3/2/43

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. *3737*

P. O. Address *1936 St. Louis*

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.