

FILED JUN 25 1943

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5558

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:
2214^a Missouri Av. 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.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2214^a Mo. Av. 17
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Amalie C. Strecker

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Edward A. Strecker 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Aug. 23 1870
(Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 23 If less than one day
hr. min.

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

10. Usual occupation at home

11. Industry or business.....

MOTHER FATHER { 12. Name William Knehan
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Lohmeyer
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Estella M. Besterfeldt

(b) Address 2214^a Missouri Av.

17. (a) Burial (b) Date thereof 6-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation N. St. Marcus Cem

18. (a) Signature of funeral director Wm Broderick

(b) Address 2929 S. Jefferson Av.

19. (a) JUN 18 1943 (b) J. B. Broderick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1943 hour 8 minute 40 A. M.

21. I hereby certify that I attended the deceased from February 8th.
1943 to June 16th. 19 43

that I last saw h. er alive on June 16, 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cardiac decompensation Duration 1 day

Due to Chronic hypertension

Due to Chronic myocarditis
Chronic cholecystitis - non-calculous

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

Major findings: 93
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 Wm Broderick (M. D. or other)
Address 2278 S. Jefferson Date signed 6-17-43

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

00
17
9

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 *Gustav W. Dieterle*

Licensed Embalmer No. *4329*

P. O. Address *2929 S. Jefferson*

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.