

S. No. 2
M-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36982

FILED NOV 27 1943

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9920

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:
LUTHERAN HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 1/2 days
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 17

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 1725 So. 7TH ST.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME MAGDELINA STRICKER

3. (b) If veteran, name war NO

3. (c) Social Security No. no.

4. Sex FEMALE / race WHITE

5. Color or race _____

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife FRANK STRICKER

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased FEBRUARY 23 1986
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>57</u>	<u>8</u>	<u>17</u>	_____ hr. _____ min.

9. Birthplace Jarmada, HUNGARY
(City, town, or county) (State or foreign country)

10. Usual occupation HOME MAKER

11. Industry or business AT HOME

12. Name JOHN GORDA

13. Birthplace Jarmada, Hungary
(City, town, or county) (State or foreign country)

14. Maiden name Katherina Selle

15. Birthplace Jarmada, Hungary
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Stricker

(b) Address 1725 So. 7th - St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-15-43
(Month) (Day) (Year)

(c) Place: burial or cremation New 55. Peter + Paul Ceme.

18. (a) Signature of funeral director Will Bros. L. & Co.

(b) Address 2929 So. Jefferson St. Louis

19. (a) NOV 12 1943 (Date received local registrar) (b) J. F. Budick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 10
year 1943 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 1st,
_____, 1943, to November 10th, 1943;
that I last saw her alive on November 10th, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Cardio-Nephritic

Due to _____

Due to _____

Other conditions Hyper-tension.
(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) No

(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 Francis D. ... (M. D. or other) M.D.

Address 1319 So. Bdv. - St. Louis, Mo. Date signed 11-11-43

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

MOTHER FATHER

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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. Duteile*

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.