

Registration District No. **318**

Primary Registration District No. **1003**

State File No. _____

Registrar's No. **6097**

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:
727 North 1st 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 _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4955 Robert
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George J. Streit

3. (b) If veteran, name war _____ 3. (c) Social Security No. 488-10-6566

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

6. (b) Name of husband or wife Minnie Streit 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased April 23, 1884
(Month) (Day) (Year)

8. AGE: Years 60 Months 2 Days 14 If less than one day hr. _____ min. _____

9. Birthplace Not known Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Foreman

11. Industry or business Tobacco mfr

12. Name Edward Stritz

13. Birthplace Not known Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Rodenbuecher

15. Birthplace Not known Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Streit

(b) Address 4955 Robert Avenue

17. (a) burial (b) Date thereof 7/10/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director J L Ziegenhein & Sons

(b) Address 7027 Gravois

19. (a) JUL 9 1944 (b) J. F. Bueck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 1944 hour 7 minute 40 M.

21. I hereby certify that I attended the deceased from _____ 19____ to 7/17 1944
that I last saw him alive on 7/13 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion 1 day
Due to Coronary Sclerosis 1 1/2 yrs

Other conditions (Include pregnancy within 3 months of death) 9/4

Major findings:
Of operations _____

Of autopsy _____

Duration

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 J. F. Bueck (M. D. of other) _____
Address 2924 S. Grand Date signed 7/8/44

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

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.....

C. P. Kidwell

Licensed Embalmer No. *3877*

P. O. Address *7027 Gravois*

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.