

FILED OCT 23 1944

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

32878

State File No.

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8802

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: Barnes Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days
 (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME August Streiler

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widower
 6. (b) Name of husband or wife Emma Streiler 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased November 18 1869
 (Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Perry County Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Steven Streiler
 13. Birthplace Unknown Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Julia Sutterer
 15. Birthplace Unknown Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Edgar Streiler
 (b) Address Perryville, Mo.
 17. (a) Burial (b) Date thereof 10-17-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Perryville, Missouri

18. (a) Signature of funeral director Albert H. Hoppe
 (b) Address 4700 Washington Blvd.

19. (a) OCT 17 1944 (b) J. F. Bredbeck
 (Data received for registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13
 year 1944 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from Oct 11 1944 to Oct 13 1944
 that I last saw him alive on Oct 13 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death
Uremia following prostatic hypertrophy
 Due to Benign Prostatic Hypertrophy

Other conditions (Include pregnancy within 3 months of death) 120

Major findings: Of operations _____
 Of autopsy as above

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 F. R. Bradley (M. D. or other)
 Address Barnes Hospital Date signed 10/17/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

17
 9

79
 NR

2088

2088

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 *John Gonoski*
.....
Licensed Embalmer No. *3398*
.....
P. O. Address.....

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.