

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 5 1944

318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1003

State File No.

Registrar's No. 9920

36467

Registration District No.

Primary Registration District No.

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:
City Sanitarium
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 Months
 (Specify whether
 In this community.....
 years, months or days)

3. (a) PRINT FULL NAME August E. Straube3. (b) If veteran,
name war No3. (c) Social Security
No. No.4. Sex Male 5. Color or race White 6. (a) Single, widowed, married,
divorced Widower6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
? ? alive..... years7. Birth date of deceased July 25 1865
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
79 3 25 ..hr. ..min.9. Birthplace St. Louis Mo. 17
(City, town, or county) - (State or foreign country)10. Usual occupation Nil

11. Industry or business.....

12. Name Unknown13. Birthplace "
(City, town, or county) (State or foreign country)14. Maiden name "15. Birthplace "
(City, town, or county) (State or foreign country)16. (a) Informant John W. Hoerr(b) Address 5408 S. Broadway17. (a) Burial (b) Date thereof 11/22/44
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Peters Cemetery18. (a) Signature of funeral director Jos. P. Fendler Jr(b) Address 7128 Michigan19. (a) NOV 22 1944
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mad
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5408 S. Broadway
 (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20
 year 1944 hour 7.30 minute P. M.

21. I hereby certify that I attended the deceased from.....
 .., 19....., to....., 19.....;
 that I last saw h..... alive on....., 19.....;
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Fractured right hip, arteriosclerosis
suffered when deceased slipped
and fell to the floor at the
City Sanitarium on Nov. 6, 1944
 Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 Of autopsy.....

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence Nov. 6 1944
 (c) Where did injury occur? St. James Inn.
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

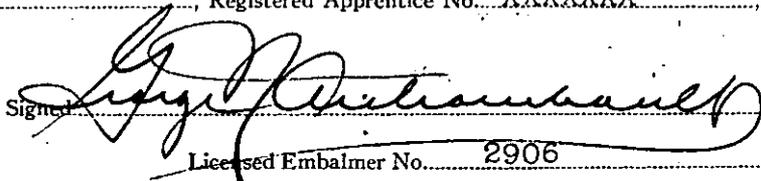
While at work?.....
 (Specify type of place) (Specify means of injury) as above

23. Signature J. F. Predeck (M. D. or other)
 Address..... Date signed 11/22/44

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.....
George N. Archambault, Registered Apprentice No. XXXXXXXX
working under my personal supervision.

Signed


Licensed Embalmer No. 2906

P. O. Address. 7128 Michigan

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.