V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22626

State File No. 1

FILED JUL 20 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5998

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

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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:
Missouri Baptist Hospital 0
(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 Franklin 36

(c) City or town Washington 6
(If outside city or town limits, write "RURAL")

(d) Street No. 212 W. Main St. NR 2
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Anthony Hugo Strubberg

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married/

6. (b) Name of husband or wife Frances Strubberg

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased April (Month) 21 (Day) 1907 (Year)

8. AGE: Years 38 Months 2 Days 16 If less than one day hr. min.

9. Birthplace Dutzow (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Food Store

FATHER
12. Name Frank Strubberg
13. Birthplace Gildhaus (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Mary Regenbogen
15. Birthplace Augusta (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Sam Strubberg
(b) Address Washington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-45 (Month) (Day) (Year)
(c) Place: burial or cremation Washington, Missouri

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

19. (a) JUL 10 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1945 hour 5:55 minute A. M.

21. I hereby certify that I attended the deceased from June 10 1945, to July 7, 1945
that I last saw him alive on July 6, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Thyroid ~~gland~~ gland
Due to Don't know
Due to
Other conditions
(Include pregnancy within 3 months of death)

Duration: Don't know

Major findings:
Of operations Carcinoma of Thyroid gland
Of autopsy

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 John D Hayward (M. D. or other)
Address Metropolitan Bldg Date signed 7/9/45

(Licensed Embalmer's Statement on Reverse Side)

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. Albert L. Klapper

Licensed Embalmer No. 2977

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.