

FILED DEC 7 1945

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10426

1. PLACE OF DEATH:

(e) County _____
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 67 years (Specify whether
years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
Street No. 1408 Hebert St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY STRAETKER

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

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

6. (b) Name of husband or wife late Henry Straetker
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 22 1872
(Month) (Day) (Year)

8. AGE: Years 73. Months 8 Days 7
If less than one day _____ hr. _____ min.

9. Birthplace Bellville Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name John Bundale

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

14. Maiden name unknown

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

16. (a) Informant Joseph Wm. Ernst

(b) Address 1408 Hebert St.

17. (a) ~~Burial~~ Removal Date thereof 12-3rd-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Hill Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2223 St. Louis Ave.

19. (a) DEC 1 1945 (Date received local registrar)
J. F. Bredich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29th
year 1945 hour 1:40 minute P M.

21. I hereby certify that I attended the deceased from 8/26/45
19____ to 11/29/45 19____
that I last saw her alive on 11/29/45
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
Duration _____

Due to _____

Due to _____

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

Major findings: Carcinoma of sigmoid colon
Of operations _____
Of autopsy as above

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? Belleville, Ill

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. F. Bredich (M. D. or other)
Address 1515 Lafayette Date signed 11/29/45

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

100
17
9

500
26/7
9
10

MOTHER FATHER

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 Spetter*.....

Licensed Embalmer No. 3880.....

P. O. Address 2425 St. Louis.....

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.