

FILED MAY 2 1946 STANDARD CERTIFICATE OF DEATH

State File No. 15240  
Registrar's No. 3793

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
City Infirmary  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2/20/46 - 4/24/46  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Streib, August

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Mary Leinstoll 6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased July 22, 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

85 9 2 8 hr. 20 min.

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired, St. Louis

11. Industry or business.....

12. Name Carl Streib

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

14. Maiden name Christine?

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

16. (a) Informant City Infirmary Records

(b) Address 5800 Arsenal

17. (a) Burial (b) Date thereof 4/27/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Pauls Church Yd.

18. (a) Signature of funeral director Weick Bros.

(b) Address 2201 S. Grand Bl.

19. (a) APR 25 1946 (b) J. B. Bredenk  
(Date received local registrar) (Registrar's signature)

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. 3005 Victor  
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24 year 1946 hour 8:20 minute A.M.

21. I hereby certify that I attended the deceased from April 20, 1946 to April 24, 1946; that I last saw him alive on April 24, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Arterio-Sclerosis.

Due to Senile Psychosis 1936 plus.

Due to.....

Other conditions (Include pregnancy within 3 months of death) 97

Major findings: Of operations.....

Of autopsy.....

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)

(c) Means of injury 0

23. Signature Richard P. Bredenk (M. D. or other)  
Address City Infirmary Date signed 4-24-46

MOTHER FATHER

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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..... *Harry A. Blue* .....

Licensed Embalmer No. 3722.....

P. O. Address 412 Duchouquette St......

**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.**