

FILED JUL 26 1946
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6276

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

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:
St. Anthony Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week,
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County 000
(c) City or town St. Louis, 15-17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 4654a Virginia Ave.,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 17th
year 1946 hour 9:30 minute P. M.
21. I hereby certify that I attended the deceased from 6/17
1946 to 7/17, 1946
that I last saw her alive on 7/17, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death:
Chronic myocarditis @ E
auricular fibrillation
marked atherosclerosis
Due to _____
Due to _____

Duration

many
months

Other conditions:
(Include pregnancy within 3 months of death)
None

Major findings:
Of operations: none

Of autopsy: none

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) no
(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 W. F. Bradock (M-D. or other)
Address 3804/11 Wilming Ave Date signed 7/19/46

3. (a) PRINT FULL NAME Theresa Striebel,

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

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

6. (b) Name of husband or wife Stephen Striebel, 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased April 1, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 3 16 hr. min.

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

10. Usual occupation At Home,

11. Industry or business _____

12. Name Frank Lusse,

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

14. Maiden name Elizabeth Kraff,

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

16. (a) Informant Stephen Striebel,

(b) Address 4654a Virginia Ave.,

17. (a) Burial, (b) Date thereof 7/20/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director Gebken-Benz Mortuary

(b) Address 2842 Meramec St.,

19. (a) JUL 19 1946 (b) J. F. Bradock
(Date received local registrar) (Registrar's signature)

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.....me.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Loron E. Percy

Licensed Embalmer No.....4094.....

.....2842 Meramec St.,
P. O. Address.....St. Louis, 18, Mo......

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.