

FILED AUG 9 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

6678

Registration District No. 318

Primary Registration District No. 1003

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:
4504 Pennsylvania
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 yrs. years, months or days)

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. 4504 Pennsylvania
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Alice Strobl

3. (b) If veteran, name war XXXXX

3. (c) Social Security No. XXXXXX

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Michael
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Nov. 29 1884
(Month) (Day) (Year)

8. AGE: Years 61 Months 7 Days 19
If less than one day hr. _____ min. 1

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

10. Usual occupation at home

11. Industry or business _____

12. Name -----Koenig
13. Birthplace Rumania
(City, town, or county) (State or foreign country)
14. Maiden name Not known
15. Birthplace Rumania
(City, town, or county) (State or foreign country)

16. (a) Informant Michael Strobl

(b) Address 4504 Pennsylvania

17. (a) Burial (b) Date thereof 7-31-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation N. SS. Peter & Paul
John L. Ziegenhein & Sons

18. (a) Signature of funeral director John L. Ziegenhein & Sons
(b) Address 2027 Gravois

19. (a) JUL 30 1946 (Date received local registrar)
J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1946 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from 11-2, 1945 to 7-28, 1946
that I last saw him alive on 7-25 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Failure
Chronic Myocarditis - decompensated - + Edema 2-3 in

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 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? _____

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

23. Signature P. H. Stinson (M. D. or other)
Address 820 Marion 897-123 Date signed 7-29

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

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address. Overland Park

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.