

FILED MAR 3 1947 318

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

**1. PLACE OF DEATH:**

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution:  
3661 Fillmore  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community 15 years  
years, months or days

**3. (a) PRINT FULL NAME** Mrs. Lydia H. Streufert

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 Frank C. 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased January 1 1877  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	1	21	---hr. ---min.

9. Birthplace: Red Bud, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**

12. Name Carl Burgdorf

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

14. Maiden name Henrietta Wilms

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

16. (a) Informant The Rev. Dr. F. C. Streufert

(b) Address 3661 Fillmore

17. (a) Burial (b) Date thereof Feb. 27 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CONCORDIA

18. (a) Signature of funeral director Beiderwieden F. H. INC.

(b) Address 1936 St. Louis Ave.

19. (a) FEB 25 1947 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 820

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 117

(d) Street No. 3661 Fillmore  
(If rural, give location) 9

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month February day 22  
year 1947 hour 4:45 minute P M.

21. I hereby certify that I attended the deceased from June, 1944, to Feb. 22, 1947, that I last saw her alive on February 8, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death.	Duration
<u>Coronary Occlusion</u>	<u>1 day</u>
Due to <u>Arteriosclerosis</u>	<u>8 years</u>
Due to <u>Diabetes Mellitus</u>	<u>8 yrs</u>

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)

(c) Means of injury \_\_\_\_\_

23. Signature Morris Kamen (M. D. or other) M.D.

Address 3651 Grand St Date signed 2-23-47

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

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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.....

*Melvin J. Krupin*

Licensed Embalmer No.....

*3497*

P. O. Address.....

*1936 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.**