

S. No. 2
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7-5-17-39
9-1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12006
Registrar's No. 809

FILED APR 14 1947

Registration District No. 234

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Gardenville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Miller Nursing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 3683 Wilmington Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Stephen Striebel

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th
year 1947 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from
April 2nd, 19 47, to April 7th 19 47;
that I last saw him alive on April 6th 19 47;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Theresa Striebel

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 20 1866
(Month) (Day) (Year)

Immediate cause of death Acute Myocarditis

Duration 2 days

Due to 1316

Due to _____

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

80	3	17	hr. min.
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Other conditions Ch. Nephritis and Ch. Arteriosclerosis

Major findings: Of operations no

Of autopsy no

Duration 6 mo.

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

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Butcher

11. Industry or business Retired 15 yrs.

MOTHER FATHER { 12. Name _____

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Streif,
(City, town, or county) (State or foreign country)

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Irwin Striebel

(b) Address 3930 Wilmington Ave.

17. (a) Burial (b) Date thereof Apr. 10, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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

(b) Address 2842 Meramec St.

19. (a) 4-10-47 (b) Carol A. Sharpton
(Date received local registrar) (Registrar's signature)

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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury 0

23. Signature W. A. Walters (M. D. proctor)
Address 3608 S. Grand Blvd. Date signed 4/8/47

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.....

Licensed Embalmer No. 4249

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

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.