

7. S. No. 2
DOM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19409**
Registrar's No. **4857**

FILED **MAY 22 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 **Barnes Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 days** (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Mary McLean Strassner**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Ernest** 6. (c) Age of husband or wife if alive **67** years
7. Birth date of deceased **May 4 1888**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 0 8 hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER - FATHER {
12. Name **Alexander Stewart**
13. Birthplace **unknown Scotland**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah Houston**
15. Birthplace **unknown Scotland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ernest Strassner**
(b) Address **2632 Sutton Ave.**

17. (a) **Burial** (b) Date thereof **May 15, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Peters, Maplewood**

18. (a) Signature of funeral director **Jay B. Smith**
(b) Address **7456 Manchester Ave.**

19. (a) **MAY 14 1947** (b) **J. J. Bredenk**
(Date received local report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **St. Louis**
(c) City or town **Maplewood**
(If outside city or town limits, write "RURAL")
(d) Street No. **2632 Sutton Ave.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **12th**
year **47** hour **8** minute **45** P.M.
21. I hereby certify that I attended the deceased from **May 10th**, 1947, to **May 12th**, 1947;
that I last saw her alive on **May 12th**, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death **Peripheral vascular collapse** Duration **12 hrs**
Due to **Adrenal Insufficiency** **1 year**
Due to **65**
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Adrenals destroyed by a granuloma of autopsy or tumor - Negative of histologic reactions.
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 **Patricia J. Lawler** (M. D. or other) _____
Address **Barnes Hospital** Date signed **5/12/47**

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

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.....

J.P. Burgess

Licensed Embalmer No. *4029*

P. O. Address.....

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.