

Registration District No. 363

Primary Registration District No. 4532

Registrar's No.

1. PLACE OF DEATH:

(a) County Warren
(b) City or town Marthasville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 88 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren 109
(c) City or town Marthasville 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3: (a) PRINT FULL NAME August Theodore Struebbe

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Struebbe 6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased June 16 1859
(Month) (Day) (Year)

8. AGE: Years 88 Months 4 Days 7 If less than one day _____ br. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business: _____

12. Name William Struebbe
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Lawrence & Struebbe
(b) Address Marthasville, Missouri

17. (a) Burial (b) Date thereof 10/26/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Marthasville, Mo.

18. (a) Signature of funeral director Herbert R. Schmitt
(b) Address Marthasville, Mo.

19. (a) B. T. 2 67 7 (b) H. C. Schmitt
(Data received local registrar) (Registrar's signature) 2-11

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23
year 1947 hour 9 minute 30 a. m.

21. I hereby certify that I attended the deceased from October 1 to October 23 19 47
that I last saw him alive on October 22 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration 1 wk.
Due to Chronic Myocarditis 5 yrs.
Due to Arteriosclerosis 10 yrs.

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 Herbert R. Schmitt (M. D. or other) MD
Address Marthasville, Mo. Date signed 10-28-47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 9,

District File Number _____
NOV 7 1947

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 *Delmont F. Lichtenberg*

Licensed Embalmer No. 4318

P. O. Address Marthasville, 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.