No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 28 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40230

Registration District No. 510 Primary Registration District No. 1003 Registrar's No. 10548

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: Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2047 Geyer
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edna Strahl
3. (b) If veteran, name war
3. (c) Social Security No. 493-01-7709
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Roy
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased February (Month) 13 (Day) 1903 (Year)

8. AGE: Years	Months	Days	If less than one day
44	9	2	hr. min.

9. Birthplace (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Garment worker
11. Industry or business
FATHER
12. Name Joseph A. Casteel
13. Birthplace (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Burdella Watts
15. Birthplace (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Roy Strahl
(b) Address 2047 Geyer Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/17/47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope
18. (a) Signature of funeral director Jos. P. Fendler Jr.
(b) Address 7128 Michigan Ave.
19. (a) NOV 17 1947 (Date received local registrar) (b) J. F. Breheck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 15 year 1947 hour 4.30 minute P.M.
21. I hereby certify that I attended the deceased from November 13th, 1947 to November 15th, 1947 that I last saw h. or alive on November 15th, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Intestinal obstruction	
Due to: adhesions from previous operation	
Due to: -	
Other conditions (Include pregnancy within 3 months of death): -	
Major findings: Of operations: -	
Of autopsy: Intestinal obstruction	

PHYSICIAN — Underline the cause of 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? No (Specify type of place)
While at work? No (e) Means of injury -
23. Signature Frank Demko (M. D. or other) M.D.
Address 1319 So. Bdwy-St. Louis, 4, Mo. Date signed 11-17-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Frank Demko

1319 S. Bdy / 2810

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 George N. Archambault Registered Apprentice No. XXXXXX working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 2906

P. O. Address 7128 Michigan Ave.

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.