No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40233

FILED NOV 28 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. [illegible]

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

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: 3302 S. 9th St. 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3302 S. 9th St. 9
(If rural, give location)

(e) Citizen of foreign country? 24 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mathew Straub

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Katherine Straub

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Sept. 21 1867
(Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 20. If less than one day hr. min.

9. Birthplace Germany 7
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Baker

11. Industry or business

FATHER
12. Name Joseph Straub 4
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Barbara Kurtz
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Katherine Straub
(b) Address 3302 S. 9th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-14-47
(Month) (Day) (Year)
(c) Place: burial or cremation S. S. Peter & Paul

18. (a) Signature of funeral director Witt Bros. L & Ne
(b) Address 2929 S. Jefferson Av.

19. (a) NOV 12 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11
year 1947 hour 2 minute 30 p. M.

21. I hereby certify that I attended the deceased from Oct 10, 1947 to Nov. 11, 1947 that I last saw him alive on Nov. 6, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy

Due to arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature H. F. Bergman (M. D. or other) MD

Address 3720 Washington Date signed 11/12/47.

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

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 Harold Witt Registered Apprentice No. working under my personal supervision.

Signed Edgar F. Witt

Licensed Embalmer No. 2117

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.