. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

43526

State File No.

FILED JAN 9 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11995

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: 3541 Connecticut St.
(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 600

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

(d) Street No. 3541 Connecticut St. 9
(If rural, give location)

(e) Citizen of foreign country? 16 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME John H. Stroh

3. (b) If veteran, name war No

3. (c) Social Security No. 492-09-3951

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Maria Stroh

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

7. Birth date of deceased March 3, 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	9	25	hr. min.

9. Birthplace Waterloo, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Night Man

11. Industry or business Beverly Rubber Co.

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

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

16. (a) Informant Mrs. Maria Stroh
(b) Address 3541 Connecticut St.

17. (a) Burial (b) Date thereof 12/30/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Waterloo, Ill

18. (a) Signature of funeral director Paschedag-Henke
(b) Address 2825 N. Grand Blvd.

19. (a) DEC 29 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28th
year 1947 hour 5 minute 00A M.

21. I hereby certify that I attended the deceased from Nov 1, 1942 to Dec 28, 1947
that I last saw him alive on Dec 27, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis — Duration 30 days

Due to Carcinoma Head of Pancreas - Primary Site

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

469

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature R. J. Higgins (M. D. ~~or other~~)

Address 2000 S. Broadway Date signed 12-29-47

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.