S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 30 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3134

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 569

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: 2727 Lynch 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 7 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ~~Illinois~~ Missouri (b) County 000

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

(d) Street No. 701 Arsenal 9
(If rural, give location)

(e) Citizen of foreign country? 24 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Strobl

3. (b) If veteran, name war

3. (c) Social Security No. 342-09-2447

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anna

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased 7 (Month) 12 (Day) 1882 (Year)

8. AGE: Years 65 Months 6 Days 5 If less than one day hr. min.

9. Birthplace (City, town, or county) 94 (State or foreign country) 4

10. Usual occupation Brewery Worker

11. Industry or business

FATHER
12. Name [illegible]
13. Birthplace (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name [illegible]
15. Birthplace (City, town, or county) (State or foreign country) 9

16. (a) Informant John Strobl Jr
(b) Address Belleville Ill

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-19-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Murphysboro Ill

18. (a) Signature of funeral director Rowland Mortuary Svc
(b) Address 4104 Manchester

19. (a) JAN 20 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17
year 1948 hour ~~4~~ minute 20 P M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Coronary Sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) 94

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Patrick G. Tayl (M. D. or other)

Address 1200 Park Date signed 1/18

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

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

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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 Rex E Campbell

Licensed Embalmer No. 3881

P. O. Address Thomas 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.