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

FILED JAN 16 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3136

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 14

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 8606 Trafford Lane
(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 Missouri (b) County

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

(d) Street No. 8606 Trafford Lane
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME William E. Strube

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Maude Strube

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased November (Month) 13 (Day) 1885 (Year)

8. AGE: Years	Months	Days	If less than one day
62	1	18	hr. min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Asst Car Distrubuter

11. Industry or business Mo. Pac R.R. Co

FATHER
12. Name Henry Strube
13. Birthplace Germany
(City, town, or county) (State or foreign country)

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

16. (a) Informant Maude Strube
(b) Address 8606 Trafford Lane

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 5 1948 (Month) (Day) (Year)
(c) Place: burial or cremation St. John's Cemetery

18. (a) Signature of funeral director Calvin F. Feutz
(b) Address 4828 Nat Bridge Blvd

19. (a) JAN 2 1948 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1
year 1948 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from 3/24/47, 19..., to 1/1, 1948, that I last saw him alive on 12/18, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	Immed
Due to Hypertensive Heart Disease	1 Yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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?
While at work (Specify type of place) (e) Means of injury

23. Signature Charles E. Martin (M. D. or other)
Address 3911 Lee, St. Louis Date signed 1/2/48

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 John A. Wilson

Licensed Embalmer No. 4186

P. O. Address St. Louis 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.