

FILED FEB 9 1948

State File No.

Registration District No. **318**

Primary Registration District No. **100's**

Registrar's No. **786**

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:
4626 Wilcox Ave
 (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)

3. (a) PRINT FULL NAME..... **Erna Strumberger**

3. (b) If veteran, name war..... *********
 3. (c) Social Security No. *********

4. Sex **Female** / 5. Color or race **White**
 6. (a) Single, widowed, married, divorced, **Married** /
 6. (b) Name of husband or wife..... **Adam Strumberger**
 6. (c) Age of husband or wife if alive..... **59** years
 7. Birth date of deceased **December 16 1888**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	59	1	9hr.....min.

9. Birthplace..... **Hungary**
 (City, town, or county) (State or foreign country)

10. Usual occupation..... **At Home**

11. Industry or business.....
 12. Name..... **Carl Hein**
 13. Birthplace..... **Hungary**
 (City, town, or county) (State or foreign country)
 14. Maiden name..... **Anna Pudulski**
 15. Birthplace..... **Hungary**
 (City, town, or county) (State or foreign country)

16. (a) Informant..... **Adam Strumberger**
 (b) Address..... **4626 Wilcox Ave**
 17. (a) **Burial** (b) Date thereof **1-28-1948**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... **St. Peter and Pauls Cemetery**

18. (a) Signature of funeral director..... **Ziegenhain**
 (b) Address..... **6409 Gravois Ave**
 19. (a) **JAN 26 1948** (b) **J. F. Bradeck**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **o ad**
 (c) City or town..... **St. Louis**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **4626 Wilcox Ave**
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **25th**..... day..... **January**.....
 year..... **1948**..... hour..... **3:05**..... minute..... **A.**..... M.

21. I hereby certify that I attended the deceased from **Jan - 2 - 1946**
 to **Jan - 25 - 1948**
 that I last saw him alive on **Jan - 23**..... 19 **48**
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Spleno-myelomon
Schistosoma
 Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

Duration
2 years
 PHYSICIAN
 Underline the cause of which death should be charged statistically.

Major findings:
 Of operations.....
 Of autopsy.....

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?.....

23. Signature..... **John A. Neyland** (M. D. other).....
 Address..... **St. Louis, Mo** Date signed..... **Jan 26 1948**

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

MOTHER FATHER

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..... *Harmer W. Dritz*.....
..... Licensed Embalmer No..... *3882*.....
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.