S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10729

FILED APR 7 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1732

55

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: 4615 Lindell Blvd. 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 Missouri (b) County 0001

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

(d) Street No. 4615 Lindell Blvd., 12 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME STELLA STRAUCH.

3. (b) If veteran, name war No

3. (c) Social Security No. no

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Andrew Strauch.

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

7. Birth date of deceased 9 (Month) - 6 (Day) - 1896 (Year)

8. AGE: Years 51 Months 5 Days 12 If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business

FATHER
12. Name James Speed Gardner
13. Birthplace St Louis County, Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lillie Pohlman
15. Birthplace St Louis, Co, Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Carl A. Greisedeick.
(b) Address 4946 Buckingham Drive.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons.
(b) Address 7233 Delmar Blvd.,

19. (a) FEB 19 1948 (Date received local registrar) (b) J. F. Bridack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18
year 1948 hour 12 minute 55P 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 Suffocation from drowning when found in the bath tub, with the hot water faucet turned on in her apartment 4615 Lindell Blvd. around 12:05 a.m.

Due to Febr 18, 1948

Duration

Other conditions (Include pregnancy within 3 months of death) 183

Major findings:
Of operations 1 1

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) Accident
(b) Date of occurrence Febr. 18, 1948 0001
(c) Where did injury occur? St Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury As Above

23. Signature Patrick E. Taylor (M. D. or other)
Address Deputy Coroner 7 Date signed 2-19-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

City Coroner.

APR 8 1942

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 Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address Maplewood, Me

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.