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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 21 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **13779**

Registration District No. **316**

Primary Registration District No. **3059**

Registrar's No. **109**

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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
105 E. School St. 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 St. Francois

(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")

(d) Street No. 105 E. School
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME ANNA MARY STRETESKY

3. (b) If veteran, ✓ name war _____

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month April, day 4th, year 1948, hour 4, minute A., M.

21. I hereby certify that I attended the deceased from Feb 15, 1948, to Apr 4, 1948, that I last saw her alive on Apr 3, 1948, and that death occurred on the date and hour stated above.

4. Sex F

5. Color or race W

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

(b) Name of husband or wife Joseph R. Stretesky

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

7. Birth date of deceased April 7 1865
(Month) (Day) (Year)

Immediate cause of death arteriosclerotic heart disease

Due to _____

Due to _____

8. AGE: Years 82 Months 11 Days 27 If less than one day _____ hr. _____ min.

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

Major findings: Of operations _____

Of autopsy _____

9. Birthplace Kittanning Pennsylvania
(City, town or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name John Steingetz

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Anna Steingetz

15. Birthplace Germany
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Ernest Stretesky

(b) Address 105 E. School Bonne Terre Mo

17. (a) Burial (b) Date thereof 4-6-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph's Cemetery

18. (a) Signature of funeral director Benjamin Rudolph

(b) Address 313 Benton Bonne Terre Mo

19. (a) 4-12-48 (b) Cather Rudolph
(Date received local registrar) (Registrar's signature)

23. Signature Dan W. Taylor (M. D. or other) MD

Address Bonne Terre Mo Date signed 4-9-48

RECEIVED

Health Officer No. 4
File Number 448-516
Date Filed 4-19-48

APR 30 1948

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

Lin Counts

, Registered Apprentice No. 95

working under my personal supervision.

Signed

Clarence J. Raywell

Licensed Embalmer No. 3706

P. O. Address Bonne Terre, 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.