

FILED JUN 15 1948

Registration District No. 317

Primary Registration District No. 6576

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
8221 Jefferson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 3 Years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Vinita Park 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. 8221 Jefferson 0
(If rural, give location) 0

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

3: (a) PRINT FULL NAME Josephine Straussner

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1948 hour 6 minute 40 A. M.

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife John

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased: Nov 7 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw him alive on May 24 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 6 Days 18 If less than one day _____ hr. _____ min.

Immediate cause of death: Chronic myocarditis
Due to Acute cholecystitis
Chronic gastritis

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

Other conditions: 930
(include pregnancy within 3 months of death)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Jacob Wassmer

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Corneluis

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____

16. (a) Informant John Straussner

(b) Address 8221-Jefferson Overland-14-Mo.

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? _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation SS Peter-Pauls Cemetery

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W. R. A. Schumacher M.D. (M. D. or other)
Address 8816 A St Charles Rd Date signed 5/26/48

18. (a) Signature of funeral director Baumgardner Bros. Inc.

(b) Address 2504-Woodson Rd-Overland-14-Mo.

19. (a) 2-27-48 (Date received local registrar)

(b) W. R. A. Schumacher (Registrar's Signature)

WRITE PLAINLY—USE 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 Oscar F. Mueller
Licensed Embalmer No. 3039
P. O. Address Overland 14 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.