FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 13 1948

Registration District No. 927

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 25065

Registrar's No. 1178

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Gardenville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 9046 Rosemary Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 96
(c) City or town Gardenville Ave.
(If outside city or town limits, write "RURAL")
(d) Street No. 9046 Rosemary Ave.
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME WALBURGA STRUCKHOFF
3. (b) If veteran, name war None
3. (c) Social Security No. ____
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Late Herman
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased Dec. (Month) 11 (Day) 1878 (Year)
8. AGE: Years 69 Months 7 Days 9 If less than one day ____ hr. ____ min.
9. Birthplace ____ (City, town, or county) Germany 4 (State or foreign country)
10. Usual occupation Housework
11. Industry or business ____
MOTHER FATHER
12. Name John Bodmer
13. Birthplace ____ (City, town, or county) Germany 4 (State or foreign country)
14. Maiden name Ottilia Leibinger
15. Birthplace ____ (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Mrs. Tillie McDermott
(b) Address 9046 Rosemary Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation SS Peter & Paul Cem.
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) 7-23-48 (Date received local registrar) (b) Cecil G. Sharpe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1948 hour 3:30 minute P.M.
21. I hereby certify that I attended the deceased from May 29, 1948, to 20 July, 1948, that I last saw h. alive on 20 July, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
I Left ventricular heart failure	7 week
II Cardiac decompensation	10 days
Due to Hyper tension	8 yrs.
Due to Arteriosclerosis, generalized	9 yrs.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

95C

PHYSICIAN — Underline the cause to 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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature W. W. Tourman (M. D. or other) MD
Address 9436 Gravois Date signed 7-22-48

(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 Edwin A. McDermott

Licensed Embalmer No. 3024

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.