

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **28251**
Registrar's No. **7078**

FILED AUG 23 1948
Registration District No. **318**

Primary Registration District No. **1003**

WRITE PLAINLY—USE 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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 1/2 weeks
(Specify whether _____)
In this community 58 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4207a Hartford Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME Mr. Rudolph Strehle
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frances Wolf Strehle
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased March 26th 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>4</u>	<u>16</u>	hr. min.

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

10. Usual occupation Retired Florist

11. Industry or business Florist

12. Name Frederick Strehle

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

14. Maiden name Marie Setterlee

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

16. (a) Informant Mrs. Frances Strehle

(b) Address 4207a Hartford Street

17. (a) Cremation (b) Date thereof Aug. 13, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director BEIDERWIEDEN F. Home Inc.
(b) Address 1936 St. Louis Ave.
AUG 12 1948

19. (a) _____ (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 11th
year 1948 hour 6 minute 45 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia
3. fracture of leg when he
was struck by a auto while
working for the Edward
Germany in Port Ave.
Dist. 6 St. Louis of General
Armed 907 Philadelphia 1948

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

Major findings: _____
Of operations 170
Of autopsy _____

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) Accident

(b) Date of occurrence June 26 1948

(c) Where did injury occur? St. Louis (City or town) _____ (County) _____ (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Street

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Tatrick E Taylor (M.D. or other) _____
Address 1300 Clark Date signed 8-13-48

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 Neal L. Paulson

Licensed Embalmer No. 4114

P. O. Address 1936 St. Louis Ave

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.