

Registration District No. **318**

Primary Registration District No. \_\_\_\_\_

**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:  
City Hospital #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 Life \_\_\_\_\_ (Specify whether  
years, months or days)

3. (a) **PRINTANNA STRUNK**  
FULL NAME

3. (b) If veteran,  
name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Henry Strunk 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased January 15-1967  
(Month) 8 (Day) 3 (Year)

8. AGE: Years Months Days If less than one day  
81 8 18 hr. min.

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

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name (Unknown) Janauschek  
13. Birthplace Czechoslovakia  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Czechoslovakia  
(City, town, or county) (State or foreign country)

16. (a) Informant Della Strunk  
(b) Address 2022 S. 11th Street

17. (a) Burial (b) Date thereof 10-6-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: New Picker Cemetery

18. (a) Signature of funeral director Moydell Lord  
(b) Address 1926 Allen Avenue

19. (a) OCT 5 1948 (b) JTB Lanater  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County over  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2022 S. 11th Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month October day 3rd  
year 1948 hour 12 minute 30 P. 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 Thrombosis left middle cerebral Artery  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
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) \_\_\_\_\_  
(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?

23. Signature Patrol Taylor (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
Address 1300 Clark Date signed 10-5-48

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

*11.22.21*

*2591*

**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.....

..... *Me* ....., Registered Apprentice No.....

working under my personal supervision.

Signed *Benj. C. Duncan*

..... Licensed Embalmer No..... *2272* .....

P. O. Address *1926 Allen Avenue* .....

**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.**