S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38682

FILED DEC 2 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10138

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: 4933 Northland Pl
(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

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4727 Palm St
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Christian Streckert

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 Widower

6. (b) Name of husband or wife Late Wilhelmina Streckert

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

7. Birth date of deceased November (Month) 18 (Day) 1865 (Year)

8. AGE: Years	Months	Days	If less than one day
83	0	4	hr. min

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

10. Usual occupation Unemployed

11. Industry or business George Streckert

FATHER
12. Name George Streckerty
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name May Elise
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Hulda Streckert
(b) Address 4727 Palm St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 24 1948 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Calvin F Feutz
(b) Address 4828 Nat Bridge Blvd

19. (a) NOV 23 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22
year 1948 hour 4. minute 30 A. M.

21. I hereby certify that I attended the deceased from 10-15- 1948, to 11-22- 1948
that I last saw him alive on 11-20- 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac collapse due to chronic myocarditis

Due to

Due to

Other conditions 1° and 2° burns left of hip left side left arm left hand 10-15-48
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Had a burn on 10-15-48
(b) Date of occurrence It did no cause his death
(c) Where did injury occur? St Louis (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury Burn

23. Signature Ed Lanache (M. D. or other) M.D.
Address 4885 Natural Bridge Date signed 11-22-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Euchel - Mac Bridge

to Coroner for his O.K.

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 John A. Mlinar

Licensed Embalmer No. 4186

P. O. Address St. Louis 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.