No. 2
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17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 31 1948

Registration District No. 377

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 42122

Registrar's No. 2794

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Normandy (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Normandy Osteopathic Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 days (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: Wellston (If outside city or town limits, write "RURAL")
(d) Street No.: 2002 Lucas-Hunt Road. (If rural, give location)
(e) Citizen of foreign country? (Yes or No): 0
If yes, name country:

3. (a) PRINT FULL NAME: Martha E. Streicher.
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Louis W. Streicher.
6. (c) Age of husband or wife if alive: 77 years
7. Birth date of deceased: December (Month) 31 (Day) 1873 (Year)

8. AGE: Years	Months	Days	If less than one day
74	11	1	hr. min.

9. Birthplace: Saxony, (City, town, or county) Germany. (State or foreign country) 4
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Clemens Huehn.
13. Birthplace: Saxony, (City, town, or county) Germany. (State or foreign country) 4
MOTHER 14. Maiden name: Emilie Richter.
15. Birthplace: Saxony, (City, town, or county) Germany. (State or foreign country) 4
16. (a) Informant: Mr. Louis W. Streicher.
(b) Address: 2002 Lucas-Hunt Road.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-3-1948. (Month) (Day) (Year)
(c) Place: burial or cremation: St. Peters Cemetery
18. (a) Signature of funeral director: Geo. L. Pleitsch, Inc.
(b) Address: 5966-68 Easton Avenue.
19. (a) 12-31-48 (Date received local registrar) (b) Howard Schumpert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 30 year 1948 hour 11 minute 0 M.
21. I hereby certify that I attended the deceased from 10/2 1948, 19..., to 11/30 1948, 19..., that I last saw h.e.x. alive on 11/30 1948, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Respiratory failure	
Myocardial degeneration	
Cerebral thrombosis	5 days
Due to: Arteriosclerosis	
Due to: 83	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy:

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):
(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: 7
23. Signature: Dr. Cox Sutton (M. D. or other): DO
Address: 7320 Delmar Blvd Date signed: 11/31/48

Jefferson City Printing Co.
(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 Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.