

FILED JAN 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3307**
Registrar's No. **389**

REG. DIST. NO. **318**

1003

PRIMARY REG. DIST. NO.

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 17	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4552a Gibson Ave.		d. STREET ADDRESS (If rural, give location) 4552a Gibson Ave.	
3. NAME OF DECEASED (Type or Print) ARTHUR		a. (First) J.	
		b. (Middle) STRAHL	
		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) Jan. 13 1949			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 13, 1904
9. AGE (in years last birthday) 44		IF UNDER 1 YEAR Months 6	IF UNDER 24 HRS. Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur		10b. KIND OF BUSINESS OR INDUSTRY Park Dep't.	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME Leo Strahl Sr.		13b. MOTHER'S MAIDEN NAME Lena Mees	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Lena Strahl		ADDRESS 4552a Gibson Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Primary Carcinoma of Liver		INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION H6 f. 1551	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 6 Aug. 1948 , to 13 Jan. 1949 , that I last saw the deceased alive on 10 Jan. 1949 , and that death occurred at 6:15A m. , from the causes and on the date stated above.			
23a. SIGNATURE George W. Bellard M.D.		23b. ADDRESS 4501st Manchester	
23c. DATE SIGNED 13/Jan/49			
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 17, 1949	
24c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. JAN 13 1949		25. FUNERAL DIRECTOR'S SIGNATURE J. B. Lasater	
25. FUNERAL DIRECTOR'S ADDRESS Kriegshauser 4228 S. Kingshighway Bl.			

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Edwin A. McDevitt*

Licensed Embalmer No. *3024*

P. O. Address

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.