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FILED MAR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7039

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 358

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PINE LAWN
c. LENGTH OF STAY (in this place): 6 MO
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3726 PINE GROVE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PINE LAWN
d. STREET ADDRESS (If rural, give location): 3726 PINE GROVE

3. NAME OF DECEASED (Type or Print)
a. (First): ANNA
b. (Middle): T.
c. (Last): STRUNK

4. DATE OF DEATH (Month) (Day) (Year): FEB-12-1949

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: AUG-28-1874
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 5, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): EAST ST. LOUIS - ILL
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: WILHELM MUTH
13b. MOTHER'S MAIDEN NAME: ANNA M. SEUBERT
14. NAME OF HUSBAND OR WIFE: GEORGE STRUNK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: George Strunk — ADDRESS: 2833 Meadow Park

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary impact — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Malignant Thyroid + Gastric —
DUE TO (c): Carcinoma

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1, 1920, *to* Death, 19__, *that I last saw the deceased alive on* 2/11, 1949, *and that death occurred at* 6 45 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 0
23b. ADDRESS: 8201 N Broadway St Louis
23c. DATE SIGNED: 2/12/49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 2-15-49
24c. NAME OF CEMETERY OR CREMATORY: MEMORIAL PARK
24d. LOCATION (City, town, or county) (State): ST. LOUIS COUNTY - MO

DATE REC'D BY LOCAL REG.: 2-14-49
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR'S SIGNATURE: L. B. Tanner — ADDRESS: 6107 Natural Bridge

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed Frank J. Hyland

Signed _____
Student Embalmer

Licensed Embalmer No. 2646

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.