

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17989

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2002 Registrar's No. 317

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 7069 Arcadia Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7069 Arcadia Avenue			

3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth Ann b. (Middle) Strehl c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Jan 20 1949
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH March 23 1945	9. AGE (In years last birthday) 3	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) St Louis	12. CITIZEN OF WHAT COUNTRY? U
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13a. FATHER'S NAME George Strehl	13b. MOTHER'S MAIDEN NAME Betty Jean Brunk	14. NAME OF HUSBAND OR WIFE None
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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. None	17. INFORMANT'S SIGNATURE OR NAME George Strehl	ADDRESS 7069 Arcadia Avenue
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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		INTERVAL BETWEEN ONSET AND DEATH 7 mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma R. Kidney. Wilms Tumor		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Generalized metastasis		DUE TO (b) 180X	
		DUE TO (c) 52a	

19a. DATE OF OPERATION August 48	19b. MAJOR FINDINGS OF OPERATION Same	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) University City St. Louis Co Mo
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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?
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22. I hereby certify that I attended the deceased from **July 1948**, to **Jan 20, 1949**, that I last saw the deceased alive on **Jan 3, 1949** and that death occurred at **12:10 am** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. Hayden M.D.	23b. ADDRESS - 5899 Delmar	23c. DATE SIGNED 2/20/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 21 49	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St Louis Mo.
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DATE REC'D BY LOCAL REG. 1/21/49	REGISTRAR'S SIGNATURE Thurid V Lininger M D	25. FUNERAL DIRECTOR'S SIGNATURE Jos F Quinn	ADDRESS 1389 Union Blvd.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

76
3
5

96
3
5
0

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 Paul Sizemore

Licensed Embalmer No. 4343

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.