

FILED MAY 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18696**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4512**

1. PLACE OF DEATH a. COUNTY 3459 Chippewa		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) St Louis Mo		c. CITY (If outside corporate limits, write RURAL and give township) ST LOUIS 2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3459 Chippewa		d. STREET ADDRESS (If rural, give location) 16 3459 CHIPPEWA	

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Frank c. (Last) Straub			4. DATE OF DEATH (Month) (Day) (Year) MAY 19-1950		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH July 26-1894		9. AGE (In years last birthday) 55		IF UNDER 1 YEAR: Months 9 Days 23	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY TAVERN OWNER		11. BIRTHPLACE (State or foreign country) St Louis Mo	
12. CITIZENSHIP OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Mathew Straub		13b. MOTHER'S MAIDEN NAME Catherin Wahn		14. NAME OF HUSBAND OR WIFE Emma Straub-Preidecker	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of discharge) Geo. W. W. 500-12-65 Mo		16. SOCIAL SECURITY NUMBER 500-12-6510		17. INFORMANT'S SIGNATURE OR NAME ADDRESS M. Emma Straub 3459 Chippewa	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 8 mo
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of esophagus		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (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.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Metastases to mediastinal nodes			

19a. DATE OF OPERATION Feb. 1950		19b. MAJOR FINDINGS OF OPERATION Cancer esophagus & metastases to nodes		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 150X	

22. I hereby certify that I attended the deceased from **Jan 50**, to **May 19 50**, that I last saw the deceased alive on **May 10, 1950**, and that death occurred at **4:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE D. J. Verdo m. d.o (Degree or title)		23b. ADDRESS Sister Bldg St Louis Mo		23c. DATE SIGNED 5-20-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE MAY-22-1950		24c. NAME OF CEMETERY OR CREMATORY: SSS BERRER PAUL	
24d. LOCATION (City, town, or county) (State) St Louis Mo					

DATE REC'D BY LOCAL REG. MAY 21 1950		REGISTRAR'S SIGNATURE J. B. Casaker		GENERAL DIRECTOR'S SIGNATURE ADDRESS Ambergmelle 38198 Grand St	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JUN
JUN 17 1950

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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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *George J. Steigelmuehle*
Licensed Embalmer No. *4611*

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.