

FILED SEP 1, 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29069

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>2019</u>					
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellston</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellston</u>		4180					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Res. 1514 Ferguson Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>1514 Ferguson Ave.</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u> b. (Middle) <u>K.</u> c. (Last) <u>Streicher</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 23, 1950</u>								
5. SEX <u>F.</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>April 26, 1867</u>					
9. AGE (In years less birthday) <u>83</u>		# UNDER 1 YEAR Months _____ Days _____		# UNDER 1 YEAR Hours _____ Min. _____		# UNDER 1 YEAR _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>			11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>					
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>Leo Streicher</u>		13b. MOTHER'S MAIDEN NAME <u>Barbara Hamon</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Fred A. Rottman</u>			ADDRESS <u>6205 Easton Ave.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>  <u>332X</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____					
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 <u>8-12</u> , 19 <u>50</u> , to <u>8-22</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>8-22</u> , 19 <u>50</u> , and that death occurred at <u>8:40 A.M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>Eugene J. Mellicamp</u> (Degree or title) _____				23b. ADDRESS <u>7503 Florence Tld.</u>			23c. DATE SIGNED <u>8-23-50</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>August 26, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>					
DATE REC'D. BY LOCAL REG. <u>8-24-50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Danke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter A. Brown</u>		ADDRESS <u>6175 Delmar Blvd. St. Louis</u>					

(Licensed Embalmer's Seal on Reverse Side)

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

Dr. E. Mellies  
7503 Florisant Rd.  
Florissant & Towergrove

SEP 27 1950

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

*Joseph E. McCullough*

Licensed Embalmer No. 2960

P. O. Address 6135 Palm

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.