

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6804

State File No.

FILED FEB 27 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **1187**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1187			
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 townships) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 30-yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2259			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1434 North 14th St. (Rear)				d. STREET ADDRESS (If rural, give location) 25 1434 North 14th., St. (Rear)					
3. NAME OF DECEASED (Type or Print) a. (First) Anna		b. (Middle) _____		c. (Last) Striegel		4. DATE OF DEATH (Month) (Day) (Year) Feb. 3, 1952			
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) D. 3		8. DATE OF BIRTH Oct. 16, 1883		9. AGE (In years last birthday) 68 10. UNDER 1 YEAR Months 3 Days 17 11. UNDER 1 MRS. Hours 1 Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Stanton, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Fred Striegel			13b. MOTHER'S MAIDEN NAME Unk. Stickel			14. NAME OF HUSBAND OR WIFE Frank Daly			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. W.F. Striegel, 1025 Graham Ave.					
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) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic decompensated DUE TO (c) myocarditis (fatty heart) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis of Liver				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" 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) _____		21f. HOW DID INJURY OCCUR 4222			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 340 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE [Signature] (Degree or title) 3 Deputy			23b. ADDRESS 1300 Clark			23c. DATE SIGNED 2/7/52			
24a. BURIAL / CREMATION REMOVAL (Specify) Burial		24b. DATE Feb. 8, 1952		24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery		24d. LOCATION (City, town, or county) (State) Mt. Olive, Ill.			
DATE REC'D BY LOCAL REG. FEB 7 1952		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] 3840 Lindell Blvd.					

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

STATEMENT BY LICENSED EMBALMER

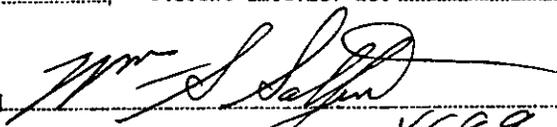
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 4699

P. O. Address St. Charles, 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.