S. No. 300
. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24108

FILED JUL 29 1952

BIRTH NO. [illegible] REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 108

#m 362

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

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington
c. LENGTH OF STAY (in this place): 10 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington 0362
d. STREET ADDRESS (If rural, give location): 312 Jefferson St.

3. NAME OF DECEASED (Type or Print)
a. (First): Peggie
b. (Middle): Lee
c. (Last): Strubberg

4. DATE OF DEATH (Month) (Day) (Year): July 20 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Sept 28, 1951
9. AGE (10 years last birthday): If under 1 year: Months 9 Days 22; If under 24 hrs.: Hours Min.

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): Washington, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Arthur F. Strubberg
13b. MOTHER'S MAIDEN NAME: Edith Watts
14. NAME OF HUSBAND OR WIFE: ✓

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: Arthur F. Strubberg
ADDRESS: Washington Mo.

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): Adrenal Apoplexy.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

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* 7/20, 1952, *to* 7/20/52, *that I last saw the deceased alive on* 7/20, 1952, *and that death occurred at* 12:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. F. Post M.D.
23b. ADDRESS: Washington, Mo.
23c. DATE SIGNED: 7/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 21, 1952
24c. NAME OF CEMETERY OR CREMATORY: St. Francis Borgia Cemetery
24d. LOCATION (City, town, or county) (State): Washington Mo.

DATE REC'D BY LOCAL REG.: July 21, 1952
REGISTRAR'S SIGNATURE: F. C. Heidmann by L. C. Heidmann
25. FUNERAL DIRECTOR'S SIGNATURE: Heeburg & Vitt Lee
ADDRESS: Washington Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Lester H. Witt

Licensed Embalmer No. 3254

P. O. Address Washington, Me

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.