

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33470

RECORDED OCT 2 1952

State File No.

318

1003

811F

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before death.) a. STATE Missouri b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 3 da		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Belefontaine Neighbors					
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital				d. STREET ADDRESS (If rural, give location) 1042 St. Cyr Rd.					
3. NAME OF DECEASED (Type or Print) Maria		a. (First)		b. (Middle) Strey		c. (Last)			
4. DATE OF DEATH August 26th, 1952		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Jan 6th 1896		9. AGE (In years last birthday) 56			
5. SEX female		6. COLOR OR RACE white		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home			
11. BIRTHPLACE (State or foreign country) Roumania		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME George Taus		13b. MOTHER'S MAIDEN NAME unknown			
14. NAME OF HUSBAND OR WIFE Edward Strey		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Edward Strey, 1042 St. Cyr Rd.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Dilatation DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH 1 day	
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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4343					
22. I hereby certify that I attended the deceased from Aug 15, 1952 , to Aug 26, 1952 , that I last saw the deceased alive on Aug 25, 1952 , and that death occurred at 9:45 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE Albert S. ... (Degree or title)				23b. ADDRESS 821 W. ...		23c. DATE SIGNED 8/26/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8/29/52		24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery St. Louis Co., Mo.		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. AUG 27 1952		REGISTRAR'S SIGNATURE Chas. Smith		25. FUNERAL DIRECTOR'S SIGNATURE Diedrich F. Home, 8319 Hallsferry ADDRESS					

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Eleazar Province

Licensed Embalmer No. 3403

P. O. Address St Louis 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.