

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36898

State File No. ....

9772

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (In this place) <u>6 Days</u>		d. STREET ADDRESS (If rural, give location) <u>6331 Lillian Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Baptist Hospital</u>		7	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Margaret</u>	b. (Middle) <u>H.</u>	c. (Last) <u>Strubbe</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 21, 1952.</u>
-------------------------------------	-------------------------------	--------------------------	-----------------------------	---

5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>August 26, 1873</u>	9. AGE (In years last birthday) Months Days <u>79</u>	IF UNDER 1 YEAR Days	IF UNDER 2 HRS. Hours Min.
-------------------------	----------------------------------	--	--	--	-------------------------	-------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Chicago, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	-----------------------------------	--	---

13a. FATHER'S NAME <u>Henry Krueger</u>	13b. MOTHER'S MAIDEN NAME <u>Adelheid Scheper</u>	14. NAME OF HUSBAND OR WIFE <u>deceased</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>Miss Adelaide G. Strubbe</u>	ADDRESS <u>6331 Lillian 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		INTERVAL BETWEEN ONSET AND DEATH  <u>approx. 3 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intertrochanteric Fracture of left hip.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CARCINOMA of cervix &amp; radiation therapy</u> DUE TO (c) <u>Infirmities of old age.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>OK P &amp; T</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Intertrochanteric Fracture of left hip.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home.</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>City of St. Louis MO.</u>
---	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10-15-52</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell at home.</u> <u>E9040</u>
--	--	---

22. I hereby certify that I attended the deceased from 10-15, 1952, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on 10-17, 1952, and that death occurred at 5:00 P.M., from the causes and on the date stated above. 21

23a. SIGNATURE (Degree or title) <u>Vernon P. Blair Jr. M.D.</u>	23b. ADDRESS <u>3120 WASHINGTON, ST. LOUIS, MO.</u>	23c. DATE SIGNED <u>Oct 22, 1952</u>
---	--	---

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-24-52.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Zions Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri.</u>
--	-------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>OCT 23 1952</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Math Hermann &amp; Son, Inc.</u>	ADDRESS <u>2161 E. Fair Ave.</u>
--	--	---	-------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300  
v. 10.48

NOV 13 1952

**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

*Clement M. Peary*

Licensed Embalmer No. *3732*

P. O. Address *St. Louis*

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.