

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38088

State File No. _____

FILED DEC 1 1952

BIRTH NO. _____ REG. DIST. NO. 80 - PRIMARY REG. DIST. NO. 4142 Registrar's No. 17

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

1. PLACE OF DEATH a. COUNTY <u>Cole</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 OR TOWN <u>Russellville</u>		c. CITY OR TOWN <u>St. Louis, Missouri 2239</u>	
c. LENGTH OF STAY (In this place) <u>2 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>2311 A Sidney</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Herman</u>	b. (Middle) <u>Julius</u>	c. (Last) <u>Stroessner</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>11 24 1952</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>11-2-1902</u>	9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.
				Months <u>0</u>	Days <u>22</u>	Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Workhouse Guard</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Workhouse Guard</u>	11. BIRTHPLACE (State or foreign country) <u>Centertown, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S</u>
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13a. FATHER'S NAME <u>John Stroessner</u>	13b. MOTHER'S MAIDEN NAME <u>Matilda Linsendhardt</u>	14. NAME OF HUSBAND OR WIFE <u>Corrine Stroessner</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>497-09-0074</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Corrine Stroessner-St. Louis</u>	ADDRESS <u>St. Louis</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Frontal Hemorrhage</u>		<u>Instant</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Suicide - 22 long rifle</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E976X</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) <u>SUICIDE HOMICIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from Nov. 8, 1952, to Nov. 23, 1952, that I last saw the deceased alive on Nov. 23, 1952, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. M. Eberhart D.O.</u>	23b. ADDRESS <u>Russellville</u>	23c. DATE SIGNED <u>11/25/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-26-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Engle Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Russellville Mo</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 25</u>	REGISTRAR'S SIGNATURE <u>Mrs. Muriel Kitzinger</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>George W. DeLoach</u>	ADDRESS
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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 Wesley W. Laubert

Licensed Embalmer No. 2820

P. O. Address _____

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.