No. 300
10.48

XC
REG.# 106,281

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41172

BIRTH NO. FILED NOV 22 1952 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2889

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN: JEFFERSON BARRACKS, MO.
c. LENGTH OF STAY (in this place): 5 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ILLINOIS
b. COUNTY: Monroe
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WATERLOO 8120
d. STREET ADDRESS (If rural, give location): 220 N. MAIN

3. NAME OF DECEASED (Type or Print)
a. (First): ANTON
b. (Middle):
c. (Last): STROEHER

4. DATE OF DEATH (Month) 11 (Day) 8 (Year) 52

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED D
8. DATE OF BIRTH: 4-18-90
9. AGE (In years last birthday): 62 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN
11. BIRTHPLACE (City and State or Foreign Country): WATERLOO, ILLINOIS
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: CONRAD STROEHER
13b. MOTHER'S MAIDEN NAME: CATHERINE WIENHOFF
14. NAME OF HUSBAND OR WIFE: NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: 360039917
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: VA HOSPITAL RECORDS, JEFF. BRKS., 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 — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) ARTERIOSCLEROTIC HEART DISEASE

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. 4200

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* 11-3, *19*52, *to* 11-8, *19*52 *and that death occurred at* 7:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.
23b. ADDRESS: VET ADM HOSP, JEFF BRKS., MO.
23c. DATE SIGNED: 11-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11-9-52
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Waterloo, Ill.

DATE REC'D BY LOCAL REG.: 11-9-52
REGISTRAR'S SIGNATURE: Hubert R. Dowdy M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Albert H. Hoppe, 4700 Washington Blvd.
P.T. (Licensed Embalmer's Statement on Reverse Side)

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 John J. Harris

Licensed Embalmer No. 4108

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.