

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7990

FILED FEB 26 1953

State File No.

BIRTH. NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1655**

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

| | | | |
|--|-------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY MISSOURI | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS | |
| b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS | | c. LENGTH OF STAY (in this place) 11 DAYS | |
| c. CITY (If outside corporate limits, write RURAL and give township) WEBSTER GROVES 4617 | | d. STREET ADDRESS (If rural, give location) 356 HAZEL AVE 1 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHNS HOSPITAL | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) GEORGE | | b. (Middle) HENRY | |
| c. (Last) STREHLE | | 4. DATE OF DEATH (Month) (Day) (Year) FEB 9 1953 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH FEB. 24, 1884 |
| 9. AGE (In years last birthday) 68 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN | 11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO. |
| 11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME BALTHASAAR STREHLE | | 13b. MOTHER'S MAIDEN NAME MARY KOPP | |
| 14. NAME OF HUSBAND OR WIFE ROSA HAMMER STREHL | | | |
| 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. 489-05-4777 | |
| 17. INFORMANT'S SIGNATURE OR NAME Mrs Rosa H. Strehle | | ADDRESS 356 Hazel Ave | |
| 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 | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis | | INTERVAL BETWEEN ONSET AND DEATH 24 hours | |
| ANTECEDENT CAUSES | | | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | |
| DUE TO (b) Cerebral Arteriosclerosis | | 3 years | |
| DUE TO (c) Generalized Arteriosclerosis | | 3 years | |
| II. OTHER SIGNIFICANT CONDITIONS | | | |
| Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease | | 3 years | |
| 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) (Minute) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? 334X | | | |
| 22. I hereby certify that I attended the deceased from Sept 16, 1949 to Feb. 9, 1953 , that I last saw the deceased alive on Feb. 8, 1953 , and that death occurred at 9:39 A.M. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Frank J. Mangano (Degree or title) MD | | 23b. ADDRESS 1695 S. Brentwood Blvd | |
| 23c. DATE SIGNED 2-11-53 | | | |
| 24a. BURIAL CREMATION REMOVAL (Specify) BURIAL | | 24b. DATE 2-12-53 | |
| 24c. NAME OF CEMETERY OR CREMATORY OAK HILL CEMETERY | | 24d. LOCATION (City, town, or county) (State) KIRKWOOD MO. | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 13 1953 J. Carl Smith MD | | 25. FUNERAL DIRECTOR'S SIGNATURE MITTELBERG FUNERAL HOME, INC. ADDRESS 73 W. LOCKWOOD AVE WEB. GRO. MO. | |

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 *J. Wm Bentley* _____

Licensed Embalmer No. *3653*

P. O. Address *J. Bentley*

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.