

STANDARD CERTIFICATE OF DEATH

State File No. **16267**
3462
 Registrar's No. _____

FILED APR 18 1953

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1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
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>Lemay mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4701 Washington</u>		d. STREET ADDRESS (If rural, give location) <u>Rx. 9 4000</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Adolph</u> b. (Middle) <u>Marvin</u> c. (Last) <u>Streckfus</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 31 1953</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>June 11 1920</u>
9. AGE (In years last birthday) <u>32</u>		10. AGE (In years) IF UNDER 1 YEAR: Months <u>9</u> Days <u>20</u> Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Robert Streckfus</u>		13b. MOTHER'S MAIDEN NAME <u>Ethelna Streckfus</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give number or dates of service) <u>Yes World War 2</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Remain Streckfus St. Louis mo</u> ADDRESS _____	
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) <u>Electrocution suffered when deceased was electrocuted while working with steam engine at Industrial Truck Service Co 4701 Washington Ave about 1:35 pm March 31 1953</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>ooo Accident</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Factory</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis mo</u>			
21d. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY <u>Mar 31 53 1:35 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>E9143</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. <u>5</u>			
23a. SIGNATURE <u>Carl Smith</u> (Degree or title) <u>3</u>		23b. ADDRESS <u>1300 Clark</u>	
23c. DATE SIGNED <u>4/1/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-3-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Sturley Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Washington Co. mo</u>	
DATE REC'D BY LOCAL REG. <u>APR 1 1953</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mo Luther Sparks Patey</u> ADDRESS _____	

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

(Licensed Embalmer's Statement on Reverse Side)

MAY 12 1953

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 *Murphy L. Parks*

Licensed Embalmer No. *4336*

P. O. Address *Flat River 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.