No. 300
10-48

FILED JUL 23 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27213

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1803

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

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond Heights
c. LENGTH OF STAY (In this place): 18 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brentwood 4511
d. STREET ADDRESS (If rural, give location): 8722 Keystone Dr.

3. NAME OF DECEASED (Type or Print)
a. (First): CARRIE
b. (Middle): A.
c. (Last): STREIF

4. DATE OF DEATH (Month) (Day) (Year): June 27, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 27, 1876
9. AGE (In years last birthday): 77 — If under 1 year: Months 3 Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (City and State or Foreign Country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Charles T. Bath
13b. MOTHER'S MAIDEN NAME: Eliz. Laird
14. NAME OF HUSBAND OR WIFE: William Streif, Dec'd.

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.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: J. J. Spratte, 2101 Parkridge, Brentwood

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) Accidental traumatism by fall with dislocation of 4th thoracic vertebra	18 hrs
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) and maceration of spinal cord	
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Fracture 5th 6th 7th + 8th rib; Diabetes mellitus	18 hrs; 5 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 400 9000
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ✓ (Specify) ~~SUICIDE~~ ~~HOMICIDE~~
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): at home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Brentwood St. Louis Co. Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 26 1953 6 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Fell down cellar steps

22. *I hereby certify that I attended the deceased from* Oct. 9, 1939, *to* June 27, 1953, *that I last saw the deceased alive on* June 27, 1953, *and that death occurred at* 11:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C H Bockelman M.D.
23b. ADDRESS: 2615 Brentwood Blvd
23c. DATE SIGNED: July 8 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/30/53
24c. NAME OF CEMETERY OR CREMATORY: Lake Charles Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

DATE REC'D BY LOCAL REG.: 6-29-53
REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Louis H. Bopp Inc. Kirkwood Mo

SW (Licensed Embalmer's Statement on Reverse Side)

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 Felix Durand

Licensed Embalmer No. 3034

P. O. Address Inkwood 22 m

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.