

FILED OCT 15 1953

STANDARD CERTIFICATE OF DEATH

34146

State File No.

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 9084

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9084	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY 2149 0			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MO.		c. LENGTH OF STAY (In this place) 21 yrs		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital				d. STREET ADDRESS (If rural, give location) 5505 Delor St.			
3. NAME OF DECEASED (Type or Print) The Rev. FRANK J. C.		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH Sept. 17, 1953		7. DATE OF BIRTH April 30, 1874		9. AGE (In years last birthday) 79		10. MONTHS Days Hours Min.	
5. SEX male 0		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2		8. DATE OF BIRTH April 30, 1874	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Executive - Secretary		10b. KIND OF BUSINESS OR INDUSTRY Lutheran Missions		11. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois /		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Karl Streufert		13b. MOTHER'S MAIDEN NAME Amelia Kohn		14. NAME OF HUSBAND OR WIFE Lydia H. Burgdorf Streufert			
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 Mr. E. R. Streufert, 5505 Delor St.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis Heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u>				INTERVAL BETWEEN ONSET AND DEATH 2 yrs 10+ yrs 10+ yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200			
22. I hereby certify that I attended the deceased from, <u>Jan</u> , 19 <u>49</u> , to <u>17 Sept</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Sept 17</u> , 19 <u>53</u> , and that death occurred at <u>9:50 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Edward W. Gibrinski MD</u>				23b. ADDRESS 3701 Grandel Sq.		23c. DATE SIGNED 9/15/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 21, 1953		24c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. SEP 21 1953		REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE Beiderwieden F.H. Inc., 1936 St. Louis Ave.			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Edw. W. Czebrinski
3701 Grandel Sq.

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. None

working under my personal supervision.

Student None
Student Embalmer

Signed Delia J. Krupin

Licensed Embalmer No. 3497

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.