

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35396

State File No. ....

FILED OCT 16 1953

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>291</u>	
1. PLACE OF DEATH a. COUNTY <u>cole</u>				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>cole</u>			
b. CITY OR TOWN <u>Jefferson City Mo</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Jefferson City Mo</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Elbas E. Still Osteopathi Hosp</u>				e. STREET ADDRESS (If rural, give location) <u>523 E. Capitol</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>IDA</u>			b. (Middle) <u>Belle</u>		c. (Last) <u>STRAUB</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 11 53</u>
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Sept 29, 1890</u>	
9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Retired Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Merchant</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson City Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Woodell Steaub.</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Ann Robe</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wendell S. Manchester</u> ADDRESS <u>Jefferson City Mo</u>			
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>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive Heart disease</u> DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct 11</u> , 19 <u>53</u> , to <u>Oct 11</u> , 19 <u>53</u> ; that I last saw the deceased alive on <u>Oct 11</u> , 19 <u>53</u> , and that death occurred at <u>4:05 P.M.</u> , from the causes and on the date stated above.							
23. SIGNATURE <u>Eugene E. Robredo</u> (Degree or title) <u>2</u>				23b. ADDRESS <u>616 E. High Jefferson City Mo</u>		23c. DATE SIGNED <u>Oct 11-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Oct. 13-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery Jefferson City, Mo.</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>Oct 12-1953</u>		REGISTRAR'S SIGNATURE <u>R. P. Davis MD-MR</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ursula Becher</u> ADDRESS <u>Jefferson City Mo</u>			

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

NOV 1 1956

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.....  
Signature of Student Embalmer

Signed *Victor Buescher*

Licensed Embalmer No. *370*

P. O. Address *Jefferson*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.