

FILED DEC 16 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44497**
Registrar's No. **11269**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | b. COUNTY St. Louis | |
| c. LENGTH OF STAY (In this place) | | c. CITY OR TOWN Richmond Heights | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Memorial Hosp. | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| e. STREET ADDRESS 7555 Harter Ave | | (If rural, give location) | |

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|--|----------------------------------|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) _____ c. (Last) Strobel | | | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 26 1953 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Jan. 19 1877 | 9. AGE (In years last birthday) 76 | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Pharmacist | | 10b. KIND OF BUSINESS OR INDUSTRY Drug | 11. BIRTHPLACE (City and State or Foreign Country) Clinton Texas | | 12. CITIZEN OF WHAT COUNTRY? |

| | | |
|---|---|--|
| 13a. FATHER'S NAME George Strobel | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Florence Strobel |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME Florence Strobel |
| | | ADDRESS 7555 Harter Ave |

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|--|---|--|----------------------------------|
| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Occlusion | | | |

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|--|---|--|
| 19a. DATE OF OPERATION no | 19b. MAJOR FINDINGS OF OPERATION none | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) none | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none | 21e. INJURY OCCURRED WHILE AT WORK? (Specify) no | 21f. HOW DID INJURY OCCUR? none |

22. I hereby certify that I attended the deceased from **6-16, 1953, to 11-26, 1953**, that I last saw the deceased alive on **11-26, 1953**, and that death occurred at **5:35 P.M.** from the causes and on the date stated above.

| | | |
|--|--------------------------------------|---|
| 23a. SIGNATURE (Degree or title) M. J. Hannan M.D. | 23b. ADDRESS 2739 N. Grand | 23c. DATE SIGNED 11/28/53 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 11/30/53 | 24c. NAME OF CEMETERY OR CREMATORY Calvary |
| | | 24d. LOCATION (City, town, or county) (State) St. Louis Mo. |

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|--|---|---|---------------------------------------|
| DATE REC'D BY LOCAL REG. NOV 30 1953 | REGISTRAR'S SIGNATURE [Signature] | 25. FUNERAL DIRECTOR'S SIGNATURE Sullivan | ADDRESS 2840 N. Euclid Ave. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2418

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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..... *Albert Mayfield*

Licensed Embalmer No. *3077*

P. O. Address *St. Louis*

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.