

S. No. 300  
V. 10-48

FILED DEC 21 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **44817**

REG# 111131

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2123

1. PLACE OF DEATH  
a. COUNTY ST. LOUIS

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE ILLINOIS b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO. c. LENGTH OF STAY (In this place) 185 DAYS

c. CITY OR TOWN BELLEVILLE d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL e. STREET ADDRESS (If rural, give location) 1205 E. "B" Street 8120 S

3. NAME OF DECEASED a. (First) Alex b. (Middle) (MI) c. (Last) STROH

4. DATE OF DEATH (Month) (Day) (Year) 12-5-53

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH 4-27-94

9. AGE (In years last birthday) 59

f UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ g UNDER 2 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COAL HAULING

10b. KIND OF BUSINESS OR INDUSTRY COAL

11. BIRTHPLACE (City and State or Foreign Country) DARMSTADT, ILLINOIS

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME GEORGE STROH

13b. MOTHER'S MAIDEN NAME MARY REICHERT

14. NAME OF HUSBAND OR WIFE KATHRYN STROH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WW II

16. SOCIAL SECURITY NO. 318 20 5806

17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, JEFF BRKS, MO.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
**MEDICAL CERTIFICATION**  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) RECURRENT ADENOCARCINOMA WITH GENERALIZED METASTASIS  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
DUO TO (b) ADENOCARCINOMA OF THE RECTUM  
DUO TO (c) \_\_\_\_\_  
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 154 X

20. AUTOPSY? YES  NO

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) \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 6-3, 1953, to 12-5, 1953, and that death occurred at 12:05A m., from the causes and on the date stated above.

23a. SIGNATURE EMMETT A WALL (Degree or title) M.D.

23b. ADDRESS VET ADM HOSP., JEFF BRKS, MO.

23c. DATE SIGNED 12-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

24b. DATE Dec. 8, 1953

24c. NAME OF CEMETERY OR CREMATORY Valhalla

24d. LOCATION (City, town, or county) (State) Belleville, Illinois

DATE REC'D BY LOCAL REG. 12-7-53 REGISTRAR'S SIGNATURE Herbert R. Donke, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Belleville, IL

52 (Licensed Embalmer's Statement on Reverse Side)

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

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 *Fugil A. Bergman*

Licensed Embalmer No. *3697*  
P. O. Address *Belleville*

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.