

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **45584**

FILED JAN 19 1954

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **12318**

1. PLACE OF DEATH a. COUNTY <u> </u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u> </u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	c. LENGTH OF STAY (In this place) <u>2 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2059</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Res. 5463 Cabanne Ave</u>		d. STREET ADDRESS (If rural, give location) <u>5</u> <u>5463 Cabanne Ave.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Anna</u>	b. (Middle) <u> </u>	c. (Last) <u>String-er</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 28, 1953</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 14, 1879</u>	9. AGE (In years last birthday) <u>74 yrs</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Jefferson, Texas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Farnest Singer</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Stutz</u>	14. NAME OF HUSBAND OR WIFE <u>Joseph J. Stringer</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Eva Stringer</u>	ADDRESS <u>5463 Cabanne Ave.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hr.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis</u> DUE TO (c) <u> </u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u> </u>	19b. MAJOR FINDINGS OF OPERATION <u> </u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u> </u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis, Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) <u> </u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u> </u>
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22. I hereby certify that I attended the deceased from Sept. 1952, to 12/28, 1953, that I last saw the deceased alive on 12/28/53, 1953, and that death occurred at 3 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. Meyer</u>	23b. ADDRESS <u>539 N. Grand</u>	23c. DATE SIGNED <u>12/29/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>Dec. 30, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Crematory</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Co., Mo.</u>
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DATE REC'D BY LOCAL REG. <u>DEC 29 1953</u>	REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alexander & Sons</u>	ADDRESS <u>6175 Delmar Bl.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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p/

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 jos. E. McCulloch

Licensed Embalmer No. 2760

P. O. Address 6175 Delm

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.