

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7206

State File No.

FILED MAR 2 1954

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>547</u>		Registrar's No. <u>435</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY OR TOWN <u>Richmond Heights</u>		c. LENGTH OF STAY (in this place) <u>5 weeks</u>		c. CITY OR TOWN <u>Creve Coeur</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>St. Marys Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Old Ballas Road</u> <u>4004</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JULIUS</u> b. (Middle) <u>Nicholas</u> c. (Last) <u>Stranz</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 16, 1954</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 29, 1877</u>	
9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Gardener</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gardening</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Creve Coeur, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Emil Stranz</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Mild</u>		14. NAME OF HUSBAND OR WIFE <u>Olinda Stranz</u> <u>Ded.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-07-0937</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edgar Stranz</u> ADDRESS <u>Creve Coeur, 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>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive C-V disease</u> DUE TO (c) <u>Carcinoma of Prostate</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> <u>several years</u> <u>18 mos.</u>
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) _____	
21e. INJURY OCCURRED WHILE AT <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>1/12</u> , 19 <u>54</u> , to <u>2/16</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>2/15</u> , 19 <u>54</u> , and that death occurred at <u>1:00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert S. Hughes</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>Creve Coeur, Mo.</u>		23c. DATE SIGNED <u>2/16/54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-18-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Pauls Ev. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Olivette, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-18-54</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke</u> <u>M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Blumman Bros. Inc.</u> ADDRESS <u>2504-Woodson Rd - Overland, Mo.</u>			

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.~~ *by me*..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Oscar F. Mueller*.....

Licensed Embalmer No. *30*.....

P. O. Address *Overland*.....

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.