

No. 300
10:48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7406**

BIRTH NO. **FILED FEB 18 1954** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **331**

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ellisville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Meramec Township 4740	
c. LENGTH OF STAY (In this place) 4 days		d. STREET ADDRESS (If rural, give location) Valley Rd. Chesterfield, R. #2	
d. FULL NAME OF HOSPITAL OR INSTITUTION None, Hiway #50-Ellisville			

3. NAME OF DECEASED a. (First) George b. (Middle) W c. (Last) Strecker			4. DATE OF DEATH (Month) (Day) (Year) Feb. 3-1954		
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower 2	8. DATE OF BIRTH Mar. 20-1872	9. AGE (In years last birthday) 81 Yrs. OF UNDER 1 YEAR: Months Days OF UNDER 24 HRS: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Co. Mo. 0	
13a. FATHER'S NAME Louis Strecker			13b. MOTHER'S MAIDEN NAME Virginia Eatherton		14. NAME OF HUSBAND OR WIFE Barbara Schaege

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. A. L. Schatz ADDRESS Ellisville, Mo.	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 10 min
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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) 4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 **Jan 16, 1953**, to **Jan 31, 1954**, that I last saw the deceased alive on **Jan 31, 1954**, and that death occurred at **6:30 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Henry F. Scott M.D. (Degree or title)		23b. ADDRESS Ballwin Mo		23c. DATE SIGNED Feb 5-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-6-54		24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery	
24d. LOCATION (City, town, or county) (State) Pond, St. Louis, Co. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Schrader Funeral Home, Ballwin, Mo. ADDRESS			

DATE REC'D BY LOCAL REG. 2-6-54		REGISTRAR'S SIGNATURE Herbert P. Donke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Schrader Funeral Home, Ballwin, Mo. ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

Richard Bopp

Licensed Embalmer No. *4584*

P. O. Address *Bellwin, Mo.*

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.