

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32507

State File No. \_\_\_\_\_  
Registrar's No. 2383

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 545

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 (If outside corporate limits, write RURAL and give town) <u>MAPLEWOOD</u>		c. CITY OR TOWN <u>MAPLEWOOD</u>	
c. LENGTH OF STAY (In this place) <u>10 YRS.</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>2612 OAKVIEW TERR.</u>		e. STREET ADDRESS (If rural, give location) <u>2612 OAKVIEW TERR. -</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>F.</u> c. (Last) <u>STRAUB</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 10 1954</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEP. 8, 1879</u>	9. AGE (In years last birthday) <u>75-</u>	10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Mins.)	11. ORDER IN BRN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED - GROCER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>GROCERY</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CARLINVILLE, ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>JOHN C. STRAUB</u>	13b. MOTHER'S MAIDEN NAME <u>CAROLINE LENZ</u>	14. NAME OF HUSBAND OR WIFE <u>LUCY KELLY STRAUB</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. <u>494-05-4252A</u>	17. INFORMANT'S SIGNATURE OR NAME <u>LUCY KELLY STRAUB</u>	ADDRESS <u>2612 OAKVIEW TERR.</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Right cerebral haemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10/8-10/10</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u>		
	DUE TO (c) <u>Haemeplegia, left, old</u>		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan. 4, 1951, to Oct. 19, 1954, that I last saw the deceased alive on Oct. 9, 1954, and that death occurred at 3:55A m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	23b. ADDRESS <u>634 North Grand, St. Louis</u>	23c. DATE SIGNED <u>10/11/54</u>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify)	24b. DATE <u>OCT 13/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY -</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MISSOURI.</u>
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DATE REC'D BY LOCAL REG. <u>10/11/54</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>7146 MANCHESTER AV. ST. LOUIS 17 MISSOURI.</u>
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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 *W E Morris*.....

Licensed Embalmer No. *336*.....

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.