

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39777**

FILED NOV 22 1954

BIRTH NO. _____ REG. DIST. NO. **717** PRIMARY REG. DIST. NO. **500** Registrar's No. **2426**

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 Mehlville		c. CITY OR TOWN Mehlville H88	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt 11 Box 653		e. LENGTH OF STAY (In this place) 5 Years	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt 11 Box 653		f. STREET ADDRESS (If rural, give location) Rt 11 Box 653 (Baumgartner Rd)	

3. NAME OF DECEASED (Type or Print) a. (First) Ronald b. (Middle) Lee c. (Last) Striegel			4. DATE OF DEATH (Month) (Day) (Year) Oct 16th 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) School Child	
8. DATE OF BIRTH July 12 1957		9. AGE (In years last birthday) 17		10. IF UNDER 1 YEAR Months 5 Days 4 Hours 4 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Work		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Lemay, Mo.	
13a. FATHER'S NAME Earl Striegel			13b. MOTHER'S MAIDEN NAME Katherine Rohrbach		
14. NAME OF MARRIAGE LICENSE NONE			12. CITIZEN OF WHAT COUNTRY? U.S.A		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs Katherine Kroeck Rt 11 Box 653 Mehlville, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) unknown causes				INTERVAL BETWEEN ONSET AND DEATH unk	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE 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				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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Herbert R. Domke (Degree or title) Local Registrar		23b. ADDRESS 651 S. Brentwood Blvd.		23c. DATE SIGNED 10/26/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 19 1954		24c. NAME OF CEMETERY OR CREMATORY Mt Hope Cem.		24d. LOCATION (City, town, or county) (State) Lemay, Mo.	
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DATE REC'D BY LOCAL REG. 10/19/54		REGISTRAR'S SIGNATURE Herbert R. Domke		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Funeral Home 4100 Lemay Ferry Road	
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(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 *John J. Haines*.....
Licensed Embalmer No... 4108

P. O. Address *H. L. ...*

**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.**