

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3156**

FILED FEB 7 - 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **0721**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived). If institution: residence before admission. a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. CITY OR TOWN <b>ST. LOUIS</b>	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		STREET ADDRESS (If rural, give location) <b>3526 WYOMING</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Andrew</b>		b. (Middle) <b>George</b>		c. (Last) <b>Stricker</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 24, 1955</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>MAR. 24 1893</b>	
9. AGE (In years last birthday) <b>61</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work & done during most of working life, even if retired) <b>Brewery Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Falstaff</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>AUSTRIA</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>JACOB STRICKER</b>		13b. MOTHER'S MAIDEN NAME <b>KATHERINE HENGMAN</b>		14. NAME OF HUSBAND OR WIFE <b>HELEN STRICKER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>489-071264</b>		17. INFORMANT'S SIGNATURE OR NAME <b>HELEN STRICKER</b>	
				ADDRESS <b>3526 WYOMING</b>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Broncho genic carcinoma with metastases</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 HRS</b>	
		ANTECEDENT CAUSES			
		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 checked="" type="checkbox"/> NO <input 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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>162X</b>	

22. I hereby certify that I attended the deceased from Jan. 23, 1955, to Jan. 24, 1955, that I last saw the deceased alive on Jan. 24, 1955, and that death occurred at 8:10A.M., from the causes and on the date stated above.

23a. SIGNATURE <i>C. J. Vermillion, M.D.</i> (Degree or title) <b>M. D.</b>		23b. ADDRESS <b>BARNES HOSPITAL</b>		23c. DATE SIGNED <b>1/24/55</b>	
--	--	--	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>JAN. 27 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>SUNSET BURIAL PK</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, CO., MO</b>	
---	--	----------------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. <b>JAN 25 1955</b>		REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Thomas Rutis</i>		ADDRESS <b>2906 Lewis</b>	
--	--	---	--	---	--	------------------------------	--

S.P. (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 *Samuel Hill*.....

Licensed Embalmer No. *434*.....

P. O. Address *2906 H*.....

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.