

FILED MAY 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16236

State File No.

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5947 Registrar's No. 34

| | | | |
|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Phelps</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u> | |
| b. CITY (If outside corporate limits, write RURAL, and give township) <u>Rural (St. James) Twp</u> | | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN <u>St. James Rural</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Louis</u> | | b. (Middle) _____ | c. (Last) <u>Stræff</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>June 5 1880</u> | | 9. AGE (In years last birthday) <u>74</u> | IF UNDER 1 YEAR Months <u>11</u> Days <u>6</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Ice business</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Highland, Illinois</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>Jake Strieff</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Mary</u> | | 14. NAME OF HUSBAND OR WIFE <u>Georgia</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give dates of service) <u>NONE</u> | | 16. SOCIAL SECURITY NO. <u>499-24-2962</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Louis Magnin, St. James, Mo.</u> ADDRESS _____ |
| 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>Coronary occlusion</u> ANTECEDENT CAUSES <u>Myocarditis</u> 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"/> |
| 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? | |
| 22. I hereby certify that I attended the deceased from <u>May 10, 1955</u> to <u>May 11, 1955</u> , that I last saw the deceased alive on <u>May 11, 1955</u> and that death occurred at <u>10:50 P.M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>C.V. Hammett M.D.</u> (Name or Title) | | 23b. ADDRESS <u>St. James, Mo.</u> | 23c. DATE SIGNED <u>5-13-55</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>May 14, 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. James, Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>May 14 1955</u> | REGISTRAR'S SIGNATURE <u>Ruth B. Powell</u> | 474 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Jewel Galt</u> ADDRESS <u>2000 S. James St. James, Mo.</u> |

(Licensed Embalmer's Statement on Reverse Side)

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

APR 25 1955

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 *C. Jesse Gahr*

Licensed Embalmer No. *448*

P. O. Address *Ph. James*

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.