

FILED AUG 2 - 1955

STANDARD CERTIFICATE OF DEATH

State File No. 24434

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6261

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>St. Louis</u>		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 <u>Missouri Baptist Hosp.</u>			STREET ADDRESS (If rural, give location) <u>6 4733 Cote Brillante Ave</u> ²⁰⁶⁹				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u>			b. (Middle) <u>S.</u>		c. (Last) <u>Strunk</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>July 18 1955</u>		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>Aug. 19 1874</u>		9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months Year Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Ice Driver</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Coal & Ice</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>Mo.</u>		13a. FATHER'S NAME <u>Stephen Strunk</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Strunk</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Mary Strunk</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Strunk</u>		17. INFORMANT'S SIGNATURE OR NAME <u>4733 Cote Brillante</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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Gall-stone obstructing Common Duct</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fatty degeneration of Liver</u> DUE TO (c) <u>Hemorrhagic Intestines</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 Mo.</u> <u>3.</u> <u>7 days</u>	
19a. DATE OF OPERATION <u>None</u>		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 <u>584x</u>		22. I hereby certify that I attended the deceased from <u>3-1-55</u> , 19 <u>55</u> , to <u>7-18-55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>7-18-55</u> , and that death occurred at <u>10:55 AM</u> from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>E. A. Lensehe M.D.</u>		23b. ADDRESS <u>6303 Natural Bridge Pine Lawn</u>	
23c. DATE SIGNED <u>7-19-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/21/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sullivan's</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sullivan's</u>		ADDRESS <u>2849 N. Euclid Ave.</u>	
DATE REC'D BY LOCAL REG. <u>JUL 20 1955</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sullivan's</u>		ADDRESS <u>2849 N. Euclid Ave.</u>	

(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.....

Albert Mayfield

Licensed Embalmer No. 30

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.