

FILED JUL 9 1956

STANDARD CERTIFICATE OF DEATH

22144

State File No.

318

1003

5825

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <i>Missouri</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>			
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <i>Wellston</i>		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 <i>Mo. Pacific Hospital</i>				e. STREET ADDRESS (If rural, give location) <i>1117 Etzel Terrace</i>			
3. NAME OF DECEASED (Type or Print)		a. (First) <i>BENJAMIN</i>		b. (Middle) <i>SS</i>		c. (Last) <i>STRAUSS</i>	
4. DATE OF DEATH		(Month) (Day) (Year)		<i>Jun 18 1956</i>			
5. SEX <i>Male</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widower</i>		8. DATE OF BIRTH <i>Dec 31, 1883</i>	
9. AGE (In years last birthday) <i>72</i>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Clerk-Commercial</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Solvent Co.</i>			11. BIRTHPLACE (City and State or Foreign Country) <i>St. Louis, Mo.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13a. FATHER'S NAME <i>August Strauss</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>		14. NAME OF HUSBAND OR WIFE <i>Late Nancy Jane Strauss</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>488-10-6678</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. L. C. Kohler 1117 Etzel Tr.</i>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute myocardial infarction posterior</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Arteriosclerotic heart disease advanced</i> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <i>1 week</i> <i>years</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>420.0</i>				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?			
22. I hereby certify that I attended the deceased from <i>May 12, 1956</i> , to <i>Jun 18, 1956</i> , that I last saw the deceased alive on <i>Jun 18, 1956</i> , and that death occurred at <i>10:30 p.m.</i> , from the causes and on the date stated above. <i>6-19-56</i>							
23a. SIGNATURE <i>L.B. Harrison</i>				(Degree or title) <i>M.D.</i>		23b. ADDRESS <i>607 N. Grand</i>	
23c. DATE SIGNED <i>6-19-56</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>Jun. 21, 1956</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Sunset Burial Park</i>	
24d. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo.</i>		DATE REC'D BY LOCAL REG. <i>JUN 19 1956</i>		REGISTRAR'S SIGNATURE <i>Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Kriegshausner</i>	
ADDRESS <i>4228 S. Kingshighway Bl.</i>		<p align="center">(Licensed Embalmer's Statement on Reverse Side)</p>					

WRITE PLAINLY—USING UNFADEING 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 *Richard W. Stovisa*.....

Licensed Embalmer No. *4007*.....

P. O. Address

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.