

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **23319**

BIRTH NO.		REG. DIST. NO. 116	PRIMARY REG. DIST. NO. 5434	Registrar's No. 165
1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Franklin		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Washington RR 2 St.)		c. LENGTH OF STAY (in this place) Johns Twp.		c. CITY OR TOWN Washington
d. FULL NAME OF HOSPITAL OR INSTITUTION Houl- RR 2. St. Johns		• STREET ADDRESS (If rural, give location) RR # 2 0360		
3. NAME OF DECEASED (Type or Print) a. (First) CATHERINE HENRIETTA b. (Middle) STRUBBERG. c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) July 28 - 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 7 - 1884	9. AGE (In years last birthday) 72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Haul	11. BIRTHPLACE (City and State or Foreign Country) Clayton - Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Henry Bargerding		13b. MOTHER'S MAIDEN NAME Mary Habel	14. NAME OF HUSBAND OR WIFE Bernard Strubberg	
15. WAS DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, OR MARINE CORPS? (Yes, no, or unknown) no (If yes, give war or dates of service) none		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mr. Bernard Strubberg ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized carcinoma		DUE TO (b) Carcinoma, breast		6 mos?
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) none		since Jan 1954
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. none		170X
19a. DATE OF OPERATION 27 Feb 54		19b. MAJOR FINDINGS OF OPERATION Scirrhous adenocarcinoma, of breast.		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) 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 January, 1954 , to 28 July, 1956 , that I last saw the deceased alive on 21 July, 1956 , and that death occurred at 9:00 a.m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Raymond Boggs, MD.		23b. ADDRESS Washington, Mo.		23c. DATE SIGNED 28 July 56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 30 - 56	24c. NAME OF CEMETERY OR CREMATORY Krakow Cemetery	24d. LOCATION (City, town, or county) (State) Krakow Mo.
DATE REC'D BY LOCAL REG. 7/28/56		REGISTRAR'S SIGNATURE Z. S. Schumann		25. FUNERAL DIRECTOR'S SIGNATURE Otto Lee ADDRESS Washington Mo

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

AUG 8 1956

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.....

Licensed Embalmer No. 246

P. O. Address Washington, D.C.

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.