

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32447**  
Registrar's No. **7915**

FILED SEP 21 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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</b>		c. LENGTH OF STAY (In this place) <b>5 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Luke's Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>390 4554 Alice Avenue</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Urban</b>		b. (Middle)	c. (Last) <b>Straub</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 27 1956</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>	8. DATE OF BIRTH <b>November 19, 1887</b>	9. AGE (In years last birthday) Months Days <b>68</b>	10. IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Technician (Retired)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Grove Laboratory</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>John Henry Straub</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Allmeier</b>		14. NAME OF HUSBAND OR WIFE <b>Melinda Straub (Deceased)</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>unknown</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Miss Minette Straub, 4554 Alice Avenue</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic cardiovascular dis.</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <b>Aneurysm of abd. aorta, l. renal, &amp; hypo-arterial artery. Pyelonephritis, chronic, left.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b> <b>Indefinite</b> <b>Unknown</b> <b>Unknown</b>
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>420.1</b>			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 <b>Sept 13, 1948</b> , to <b>Aug 27, 1956</b> , that I last saw the deceased alive on <b>Aug 26, 1956</b> , and that death occurred at <b>2:45 a.m.</b> , from the causes and on the date stated above.					
23. SIGNATURE (Degree or title) <b>J. Russell Huber M.D.</b>			23b. ADDRESS <b>4110 West Florissant Ave.</b>		23c. DATE SIGNED <b>Aug 27, 1956</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Aug 29 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Bethlehem Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>Aug 28 1956</b>	REGISTRAR'S SIGNATURE <b>J. C. Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Math Hermann &amp; Son, Inc., 2161 E. Fair</b>		

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

C.D.M.

**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 .....  
Student Embalmer

Signed \_\_\_\_\_

*Allen W. Watz*

Licensed Embalmer No. \_\_\_\_\_

*3737*

P. O. Address \_\_\_\_\_

*St. Louis Mo.*

**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 this body is not embalmed, fact should be so stated above.