No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 7 - 1956

State File No. 36548

BIRTH NO. 23938-56 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 2500

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kirkwood
c. LENGTH OF STAY (in this place) 2 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN Kirkwood 4003
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) Unk.

3. NAME OF DECEASED (Type or Print) a. (First) Infant b. (Middle) (No Name) c. (Last) Strunk

4. DATE OF DEATH (Month) (Day) (Year) October 10, 1956

5. SEX Male
6. COLOR OR RACE White
7. ~~MARRIED~~, NEVER MARRIED, ~~WIDOWED, DIVORCED (Specify)~~ Never Married
8. DATE OF BIRTH October 10, 1956
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 2 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY Infant
11. BIRTHPLACE (City and State or Foreign Country) Kirkwood, Missouri
12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME John Aloysius Strunk
13b. MOTHER'S MAIDEN NAME Mariam Louise Golterman
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (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 John Aloysius Strunt — ADDRESS O'Fallon, Mo. RR1

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) IMMATURITY, 28 WKS GESTATION — INTERVAL BETWEEN ONSET AND DEATH 2 HRS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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 776 X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* OCT 10, 1956, *to* OCT 10, 1956, *that I last saw the deceased alive on* OCT 10, 1956, *and that death occurred at* 7:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE James E. Meyer (Degree or title) M.D.
23b. ADDRESS BALLWIN, MISSOURI
23c. DATE SIGNED OCT. 13 1956

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 10/13/56
24c. NAME OF CEMETERY OR CREMATORY Immaculate Conception
24d. LOCATION (City, town, or county) (State) Dardenne, Missouri

DATE REC'D BY LOCAL REG. 10-23-56
REGISTRAR'S SIGNATURE Herbert R. Dowke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Sarlton L. Pitman, ADDRESS Wentzville

(Licensed Embalmer's Statement on Reverse Side)

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

DAY 13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Carlton J. Pitman

Licensed Embalmer No. 497

P. O. Address Wentzv

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