

No. 300
10/48

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 7 - 1956

State File No. 36549

BIRTH NO. 83937-56 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 2501

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>		c. CITY OR TOWN <u>Kirkwood 4009</u>	
c. LENGTH OF STAY (in this place) <u>15 1/2 hrs.</u>		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 <u>St Joseph Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Unk.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Infant (No Name)</u> b. (Middle) <u>Strunk</u> c. (Last) <u>Strunk</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 11 1956</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>		8. DATE OF BIRTH <u>October 10, 1956</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Kirkwood, Missouri</u>		9. AGE (In years last birthday) if UNDER 1 YEAR Months <u>15 1/2</u> if UNDER 1 HR. Days Hours Min.			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>John Aloysius Strunk</u>		13b. MOTHER'S MAIDEN NAME <u>Mariam Louise Goltzman</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Aloysius Strunk - O Fallon, Mo. RR 2</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>15 1/2 HRS.</u>	
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>IMMATURITY 28WKS GESTATION</u>		ANTECEDENT CAUSES			
		DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (Min.)		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 OCT 10, 1956, to OCT 11, 1956, that I last saw the deceased alive on OCT 11, 1956, and that death occurred at 8:35 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James E. Meyer MD</u>		23b. ADDRESS <u>BALWIN, MISSOURI</u>		23c. DATE SIGNED <u>OCT. 13 1956</u>	
24a. PARTIAL CREMATION REMOVAL <input checked="" type="checkbox"/>		24b. DATE <u>10/13/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Immaculate Conception</u>	
				24d. LOCATION (City, town, or county) (State) <u>Dardenne, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>10-23-56</u>		REGISTRAR'S SIGNATURE <u>Herbert B. Donnelly</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Garlton J. Pitman, Wentzville, Mo.</u>	
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(Licensed Embalmer's Signature on Reverse Side)

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

BABY A.

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 *Carlton J. Pittman*.....

Licensed Embalmer No...497.....

P. O. Address...Wentzville.....

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.