

THE DIVISION OF HEALTH OF MISSOURI 29115-58
STANDARD CERTIFICATE OF DEATH

58-016758
State File No.

FILED APR 28 1958

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 1090

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Kirkwood		c. LENGTH OF STAY (in this place) 20 hours	c. CITY OR TOWN Grover 4000
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		d. Residence within limits of a city or incorporated town Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) Lindy drive	

3. NAME OF DECEASED (Type or Print)	a. (First) Girl	b. (Middle) Baby	c. (Last) Stricker	4. DATE OF DEATH (Month) (Day) (Year) April 19-1958
-------------------------------------	------------------------	-------------------------	---------------------------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Never married	8. DATE OF BIRTH April 18-1958	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 20-hrs.
----------------------	-------------------------------	---	---------------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Kirkwood, St. Louis Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	---	---	--

13a. FATHER'S NAME Edward Stricker	13b. MOTHER'S MAIDEN NAME Grace Lorraine Erhardt	14. NAME OF HUSBAND OR WIFE None
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Edward Stricker, ADDRESS Grover, Mo.
--	-------------------------------------	--

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CONGENITAL ABNORMALITY		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. of lung -		759.0
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dyspnoea - disupte on			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) (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 Apr 18, 1958, to Apr 19, 1958, that I last saw the deceased alive on April 19, 1958, and that death occurred at 3 P m., from the causes and on the date stated above.

23a. SIGNATURE S. R. Kerner (Degree or title) Mo. D.	23b. ADDRESS Pacific Mo.	23c. DATE SIGNED 4/20/58
--	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Reburied	24b. DATE 4-21-1958	24c. NAME OF CEMETERY OR CREMATORY ETHNAH Bethel	24d. LOCATION (City, town, or county) (State) Labadie, Franklin, Co. Mo.
---	----------------------------	---	---

DATE REC'D BY LOCAL REG. 4-21-58	REGISTRAR'S SIGNATURE Herbert R. Donker, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Schrader Funeral Home, ADDRESS Ballwin, Mo.
---	--	--

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

4003

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..

NOT EMBALMED

Student
Signature of Student Embalmer

Signed *Richard Bupp*

Licensed Embalmer No. 4584

P. O. Address *Ballerina*

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.