

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023799

STATE FILE NUMBER

FILED JUL 3 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6475

S. 300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Centralia, Illinois Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 322 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last EARL WILLIAM STRIEBINGER			4. DATE OF DEATH Month Day Year JUNE 25, 1958
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 25, 1893
9. AGE (In years at birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Engineer	11. BIRTHPLACE (City and state or country) Cleveland, Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. NAME OF HUSBAND OR WIFE Faye Striebinger	
13a. FATHER'S NAME William Striebinger		13b. MOTHER'S MAIDEN NAME Mary Simons	
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. 283-10-8571a	
17. INFORMANT Faye Striebinger-Centralia, Ill.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OBSTRUCTION OF SMALL BOWEL DUE TO (b) PERFORATED SIGMOID DIVERTICULUM DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) TREATED PULMONARY TUBERCULOSIS 6 MONTHS PERTONITIS 9 DAYS			INTERVAL BETWEEN ONSET AND DEATH 9 DAYS UNKNOWN
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 572.1A	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from JUNE 19, 1958 to JUNE 25, 1958 and last saw her alive on JUNE 25, 1958 Death occurred at 10:25 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) F. H. [Signature]		22b. ADDRESS BARNES HOSPITAL M. D.	
22c. DATE SIGNED 6/25/58		23. NAME OF CEMETERY OR CREMATORY Hillcrest Memorial Pk.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE June 25.58	
23c. LOCATION (City, town, or county) (State) Centralia, Ill		23d. DATE RECD. BY LOCAL REG. JUN 27 '58	
24. FUNERAL DIRECTOR Queen-Boggs Centralia, Illinois		26. REGISTRAR'S SIGNATURE J. Carl Smith, MD S.P.	

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 *Harvey Kahle*

Licensed Embalmer No. *4596*
P. O. Address *Florissant*

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.