

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016187
STATE FILE NUMBER

FILED MAY 8 1959

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1142

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-57

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1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR RICHMOND HEIGHTS TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN RICH ST. MO 4485 17
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospi		Length of stay in 1b 11 years	d. STREET ADDRESS (If outside, give location) 6400 Clayton Rd

3. NAME OF DECEASED (Type or print) First MARY Middle JOSEPHINE Last STRUBBERG			4. DATE OF DEATH Month April Day 25 Year 1959		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 31, 1875	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 8 Days 24	IF UNDER 24 HRS. Hours - Min. -
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Augusta, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Karl Regenbogen	13b. MOTHER'S MAIDEN NAME Karl Weuppermann	14. NAME OF HUSBAND OR WIFE Frank Strubberg, Dec'd
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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 Sam Strubberg, Washington, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Heart Failure Hypertension Cordis Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. } DUE TO (b) Vascular Disease DUE TO (c) Vascular Disease		INTERVAL BETWEEN ONSET AND DEATH 7/24/59
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443X		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.) 443X
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20c. TIME OF INJURY Hour - Month, Day, Year a.m. - p.m. -
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20d. INJURY OCCURRED WHILE AT WORK <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 Washington, Missouri	COUNTY	STATE
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21. I attended the deceased from 4/24/59 to 4/27/59 and last saw her alive on 4/25/59 Death occurred at 11:30 AM on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) John C. Murphy M.D.	22b. ADDRESS 624th Street	22c. DATE SIGNED 4/25/59
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23a. MANNER OF BURIAL Burial	23b. DATE 4/28/1959	23c. NAME OF CEMETERY OR CREMATORY St. Francis Catholic	23d. LOCATION (City, town, or county) (State) Washington, Missouri
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24. FUNERAL DIRECTOR Henry W. Otto, Washington, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 4-27-59	26. REGISTRAR'S SIGNATURE John C. Murphy M.D.
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1959

MAY 11 1959

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 *Henry W. Otto*

Licensed Embalmer No. 3560

P. O. Address Washington, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.