

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-027260

STATE FILE NUMBER

FILED VS JUL 21 1959

Registration District No. _____ Primary Registration District No. _____ Registrar No. **5957**

S. 300
v. 1-57

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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 institutional Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Ferguson (21) ¹¹⁰⁹	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Faith Hospital		d. STREET ADDRESS (If outside, give location) 451 Robert ave	
3. NAME OF DECEASED (Type or print) First HARRY Middle J. Last STRASSNER		4. DATE OF DEATH Month June Day 22 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 3, 1908
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elevator Examiner		10b. KIND OF BUSINESS OR INDUSTRY Elevator	11. BIRTHPLACE (City and state or country) St. Louis Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. NAME OF HUSBAND OR WIFE Stella (Zieger) Strassner	
13a. FATHER'S NAME Harry L. Strassner		13b. MOTHER'S MAIDEN NAME Anna Kansteiner	
14. NAME OF HUSBAND OR WIFE Stella (Zieger) Strassner		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. 489-10-0797		17. INFORMANT Mrs. Stella Strassner Address 451 Robert ave	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cor pulmonale Pulmonary emphysema and bronchial asthma Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. } DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5271			INTERVAL BETWEEN ONSET AND DEATH 1 yr. years
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)		20c. TIME OF INJURY Hour _____ 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 6/19/59 to 6/22/59 and last saw him alive on 6/22/59 Death occurred at 9:00 pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Describe title) Max. Franklin M.D.		22b. ADDRESS 607 N. Grand	
22c. DATE SIGNED 6/23/59		23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
23b. DATE June 25, 1959		23c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery	
23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		24. FUNERAL DIRECTOR BEIDERWIEDEN F.H. INC., 1936 ST. LOUIS AVE ADDRESS	
25. DATE RECD. BY LOCAL REG. JUN 23 '59		26. REGISTRAR'S SIGNATURE Loan Smith. M.D. mge	

2-5 p.m. Tuesday

714 Memorial University

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 _____
David F. Reed

Licensed Embalmer No. _____
P. O. Address _____
St. Louis, 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.