

**FEDERAL BUREAU OF INVESTIGATION - DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**FILED VS FEB 5 1960**

**-60-004124**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **2 629** STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY _____  b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MISSOURI</b> Length of stay in 1b <b>2 Days</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY _____  c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <b>4740 Wren Avenue</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <b>EDITH Mae STRICKER</b>			<b>4. DATE OF DEATH</b> Month Day Year <b>JANUARY 17 1960</b>				
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>12/27/97</b>	<b>9. AGE (last birthday)</b> <b>62</b>	<b>IF UNDER 1 YEAR</b> Months Days Hours Min. <b>IF UNDER 24 HR</b>		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Nurses Aid (Ret.)</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Childrens Home</b>		<b>11. BIRTHPLACE</b> (City and state or country) <b>St. Louis, Mo.</b>			
<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>		<b>13a. FATHER'S NAME</b> <b>Louis Pfundt</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Lena Reimer</b>			
<b>14. NAME OF HUSBAND OR WIFE</b> <b>Arthur Stricker</b>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown); (If yes, give war or dates of service) <b>No</b>					
<b>16. SOCIAL SECURITY NO.</b> <b>495-22-8157</b>				<b>17. INFORMANT</b> Address <b>Mr. Harvey Stricker, 5002 Wren</b>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>GLIOBLASTOMA, RIGHT FRONTAL LOBE OF BRAIN</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ <b>193.0</b>					INTERVAL BETWEEN ONSET AND DEATH <b>UNKNOWN</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) _____				
<b>20c. TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year _____		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>					
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>20f. CITY, TOWN, OR LOCATION</b> _____		<b>COUNTY</b> _____ <b>STATE</b> _____			
<b>21. I attended the deceased from</b> <b>JAN. 14, 1960</b> <b>to</b> <b>JAN. 17, 1960</b> <b>and last saw her/him alive on</b> <b>JAN. 17, 1960</b> <b>Death occurred at</b> <b>2:45 P.M.</b> <b>m on the date stated above, and to the best of my knowledge, from the causes stated.</b>							
<b>22a. SIGNATURE</b> (Degree or title) <i>C. D. Vermillion, M.D.</i>			<b>22b. ADDRESS</b> <b>BARNES HOSPITAL</b>		<b>22c. DATE SIGNED</b> <b>1/18/60</b>		
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>removal</b>		<b>23b. DATE</b> <b>1/20/60</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Friedens Cemetery</b>		<b>23d. LOCATION (City, town, or county) (State)</b> <b>St. Louis County Mo.</b>		
<b>24. FUNERAL DIRECTOR</b> ADDRESS <b>Drehmann-Harral, 1905 Union Blvd.</b>			<b>25. DATE RECD. BY LOCAL REG.</b> <b>JAN 19 1960</b>		<b>26. REGISTRAR'S SIGNATURE</b> <i>Carl Smith, M.D.</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

*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 \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Albert R. Thompson

Licensed Embalmer No. 4257

P. O. Address St. Louis

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.