IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

JLED VS JUL 12 1960 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6466 60-025005 STATE FILE NUMBER

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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: 915 N GRAND ST LOUIS MO — Length of stay in Ib: 56 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VETS ADMIN HOSPITAL — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: St. Charles
c. CITY OR TOWN: ST CHARLES — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): ROUTE 1 Box 195 — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First THOMAS Middle C. Last STRACKBEIN
4. DATE OF DEATH: Month JUNE Day 23 Year 1960
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 12/18/88
9. AGE (last birthday): 71 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mover
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (City and state or country): ST LOUIS, MO.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: WM. STRACKBEIN
13b. MOTHER'S MAIDEN NAME: MARY KOMARACK
14. NAME OF HUSBAND OR WIFE: MARY J. STRACKBEIN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 490-01-6537
17. INFORMANT: MARY J STRACKBEIN Address: RT #1 ST CHARLES, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CEREBRAL VASCULAR THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 6 HOURS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): CEREBRAL ARTERIOSCLEROSIS
DUE TO (c): - - - 332x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): ARTERIOSCLEROTIC HEART DISEASE
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. VA attended the deceased from 4/28/60, to 6/23/60 and last saw him alive on 6/23/60
Death occurred at 11:20 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: W.B. Gedney (Degree or title): M.D. — W.B. GEDNEY
22b. ADDRESS: VAH, ST LOUIS, MISSOURI
22c. DATE SIGNED: 6/24/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6/27/60
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis, Missouri

24. FUNERAL DIRECTOR: WACKER-HELDERLE ADDRESS: 3634 Gravois
25. DATE RECD. BY LOCAL REG.: JUN 25 1960
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D. (H.T.)

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. 4375

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.