

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. JAN 25 1961 District No. 318 Primary Registration District No. 1003 Registrar's No. 162 = 61-003716 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b>		a. STATE <b>MO</b>	b. COUNTY
Length of stay in 1b		c. CITY OR TOWN <b>ST. LOUIS</b>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2230 SO 12<sup>th</sup> ST.</b>		d. STREET ADDRESS <b>2230 SO. 12<sup>th</sup> ST.</b>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <b>LEROY</b>	Middle <b>STRUTMAN</b>	Last	Month <b>JAN</b>	Day <b>5</b>	Year <b>1961</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>FEB 4, 1939</b>	9. AGE (last birthday) <b>21</b>	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) <b>LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HAGER HINGE</b>	11. BIRTHPLACE (City and state or country) <b>ST. LOUIS MO</b>	12. CITIZEN OF WHAT COUNTRY <b>U-S-A</b>	
13a. FATHER'S NAME <b>ALBERT STRUTMAN</b>		13b. MOTHER'S MAIDEN NAME <b>FRIEDA HOLTZKAMP</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES</b>		16. SOCIAL SECURITY NO.		17. INFORMANT <b>FRIEDA STRUTMAN</b> Address	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Carbon Monoxide Poisoning</b>		
DUE TO (b) <b>Suffered when one came in apartment # 5 at 2230 a S. 12<sup>th</sup> Street on m about January 5<sup>th</sup> 1961.</b>		
DUE TO (c) <b>ACCIDENT</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 type="checkbox"/> No <input type="checkbox"/> Unknown	
		<b>890.0 - 15</b>	

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>See above</b>	
20c. TIME OF INJURY Hour a.m. p.m. <b>1-5:45</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>23 Home</b>	20f. CITY, TOWN, OR LOCATION <b>St Louis, Mo</b>

21. I attended the deceased from 11:00 A to her and last saw him alive on 1/6/61  
Death occurred at 11:00 A on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Paul J. Simon</b> (Degree or title) <b>Deputy Coroner</b>	22b. ADDRESS <b>1300 Clark</b>	22c. DATE SIGNED <b>1/6/61</b>
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23a. BURIAL CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>JAN 9, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>NATIONAL CEMETERY</b>	23d. LOCATION (City, town, or county) <b>JEFFERSON BARRACKS MO.</b>
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24. FUNERAL DIRECTOR <b>Thomas Kutia 2906 Gravoia</b>	25. DATE RECD. BY LOCAL REG. <b>JAN 6 1961</b>	26. REGISTRAR'S SIGNATURE <b>Paul Smith M.D.</b>
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DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF  
*Removed - from Gas heater*

**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 Elena Province

Licensed Embalmer No. 3403

P. O. Address 2906 Gravois

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.