

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037225
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2536

FILED SEP 28 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 4031
2 22
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4 1
5 0
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7 0
8 1
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12 47-2
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy		Length of stay in 1b LWS.	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. VINCENT'S HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 2244 Jules Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MAGDALEN Middle STREBLER Last		4. DATE OF DEATH Month August Day 30 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-7-1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE (last birthday) 78 IF UNDER 1 YEAR Months 7 Days 23 IF UNDER 24 HR Hours Min.
11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Joseph Strebler		13b. MOTHER'S MAIDEN NAME Josephine Erbs	
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) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Records of St. Vincent's Hospital Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UREMIA Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) GLOMERULONEPHROSIS DUE TO (c) HYPERTENSIVE CARDIOVASCULAR-RENAL			INTERVAL BETWEEN ONSET AND DEATH 6 WEEKS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) NONE			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 442X
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 Month, Day, Year a.m. p.m. 		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 COUNTY STATE	
21. I attended the deceased from 8/2/62 to 4/29/62 and last saw him/her alive on 4/29/62 Death occurred at 905 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Harold R. Wolff, MD		22b. ADDRESS 7301 St. Charles Rock Road	
22c. DATE SIGNED 8-30-62		23. LOCATION (City, town, or county) (State) St. Louis Mo.	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) REMOVAL	23b. DATE 9/1/62	23c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul	
24. FUNERAL DIRECTOR Gebken Sons Funeral Home ADDRESS 2630 Gravois Ave. St. Louis (Licensed Embalmer's Statement on Reverse Side)		25. DATE RECD. BY LOCAL REG. 8-31-62	
26. REGISTRAR'S SIGNATURE J. M. ...			

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 Van M. Seymour

Licensed Embalmer No. 4343

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.