

8661

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-044932  
STATE FILE NUMBER

318

1003

10819

DO NOT WRITE ON THIS STUB  
AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10819

FILED NOV 19 1962

VS 300  
Rev. 4/59

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40073

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1281-0

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USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN  
St. Louis

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION  
St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY St. Louis

c. CITY OR TOWN Webster Groves

d. STREET ADDRESS (If outside, give location)  
116 Gray Ave.

3. NAME OF DECEASED  
First Middle Last  
William Andrew Straub

4. DATE OF DEATH  
Month Day Year  
Nov. 10 1962

5. SEX M. 6. COLOR OR RACE W. 7. Married  Never Married  Widowed  Divorced

8. DATE OF BIRTH 11/8/76 9. AGE (last birthday) 86

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
William A. Straub, Inc. Retail Brocerv. Kirkwood, Mo.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) USA.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME Christ Straub 13b. MOTHER'S MAIDEN NAME Henrietta Klueck 14. NAME OF HUSBAND OR WIFE Sarah Straub

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
no

17. INFORMANT Address  
Jack W. Straub, 115 Trevillian 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) *Arteriosclerotic Heart Disease*  
DUE TO (b) *Peritonitis*  
DUE TO (c) *4200*

CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.

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.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  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. I attended the deceased from *1957* to *present* and last saw *her* alive on *NOV 9-62*  
Death occurred at *6:20 AM* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)  
*R. Smith M.D. by K. Gumbert M.D.*

22b. ADDRESS  
*114 N. TAYLOR*

22c. DATE SIGNED  
*11/10/62*

23a. BURIAL, CREMATION, REMOVAL (Specify)  
*Removal*

23b. DATE  
*11/12/62*

23c. NAME OF CEMETERY OR CREMATORY  
*Oak Hill Cemetery*

23d. LOCATION (City, town, or county) (State)  
*St. Louis County, Mo.*

24. FUNERAL DIRECTOR ADDRESS  
*Parker - Aldrich, Webster Groves, Mo.*

25. DATE RECD. BY LOCAL REG.  
*11/12/62*

26. REGISTRAR'S SIGNATURE  
*Roald Smith, M.D.*

DOCUMENT

MEDICAL CERTIFICATION

**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

*Law M. Sizemore*

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.