

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 10 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1003

State File No. 43358

11207

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE MISSOURI b. COUNTY 2237					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS MO.		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 0					
d. FULL NAME OF HOSPITAL OR INSTITUTION PARK LANE HOSPITAL				d. STREET ADDRESS (If rural, give location) 1725 S. 7th ST.					
3. NAME OF DECEASED (Type or Print) KATHERINE		a. (First) _____		b. (Middle) STRICKER		c. (Last) _____			
4. DATE OF DEATH DEC. 17 1951		5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED			
8. DATE OF BIRTH FEB. 6 1877		9. AGE (In years last birthday) 74		10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME			
11. BIRTHPLACE (State or foreign country) AUSTRIA HUNGARY		12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME JACOB BARTO		13b. MOTHER'S MAIDEN NAME UNKNOWN			
14. NAME OF HUSBAND OR WIFE FRANK STRICKER		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS FRANK STRICKER 1725 S. 7th			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia.  ANTECEDENT CAUSES DUE TO (b) Myocarditis, Chronic Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION No surgery.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from 12-9-51, 19__, to 12-17-51, 19__, that I last saw the deceased alive on 12-17-51, 19__, and that death occurred at 8:00 pm., from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) _____			
23b. ADDRESS 4930 Lindell Blvd. St. Louis 8, Mo.		23c. DATE SIGNED 12-17-51		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC. 21 1951			
24c. NAME OF CEMETERY OR CREMATORY NEW ST. MARCUS		24d. LOCATION (City, town, or county) ST. LOUIS		24e. (State) MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutis 2906 Georgia			
DATE REC'D BY LOCAL REG. DEC 18 1951		REGISTRAR'S SIGNATURE _____		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutis 2906 Georgia					

(Licensed Embalmers' 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 me, or by \_\_\_\_\_

\_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Homer C. Deel*

Licensed Embalmer No. 4347

P. O. Address 2906 S. Main

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 this body is not embalmed, fact should be so stated above.