3860 S Broadway
Streuther

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

16682

File No. 4586

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis Mo (No. 3159 Michigan Ave St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Juliana Schwarzkopf

(a) Residence No. St., 16 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Charles A Schwarzkopf

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 17th 1861

7. AGE: Years 65 | Months 11 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

PARENTS

10. NAME OF FATHER: Constantine Strobel

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

12. MAIDEN NAME OF MOTHER: Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: C A Schwarzkopf
(Address) 3159 Michigan Ave

15. FILED MAY 16 1927 19 Max C Starkoff, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 14th 1927

17. I HEREBY CERTIFY, That I attended deceased from April 4th, 1927, to May 14th, 1927, that I last saw her alive on May 14th, 1927, and that death occurred, on the date stated above, at 2 15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Apoplexy
Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 74a1

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Chas E T Streuther, M. D

May 14th, 1927 (Address) 3860 S Broadway

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Sunset Burial Park

DATE OF BURIAL: 5/17 1927

20. UNDERTAKER: J H Gebken L & U. Co

ADDRESS: 2628 Gravois Av

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.