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

Do not use this space.

29118

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 8708

City St. Louis (No. 6607 Hoffman ave St. ..... Ward)

2. FULL NAME Marie Catherine Struckmeyer

(a) Residence. No. 6607 Hoffman St., Ave 3 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 31 - 1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	42	6	-	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at Home

(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) Ills

PARENTS

10. NAME OF FATHER Louis Struckmeyer

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Martha Struckmeyer (Address) 6607 Hoffman ave

15. FILED SEP 30 1927 19 Mark C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 30 1927.

17. I HEREBY CERTIFY, That I attended deceased from June 25, 1925, to Sept. 30, 1927, that I last saw her alive on Sept. 29, 1927, and that death occurred, on the date stated above, at 4 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia.

17

108 (duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) Chronic Lethargic Encephalitis (duration) 2 yrs. 4 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED Home.

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? Yes. DATE OF June 25.

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Exam. & Operation

(Signed) Leo H. Bock, M. D

9/30, 1927 (Address) 2231 S. Grand St. Louis Mo.

*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	DATE OF BURIAL
Hoyleton Ills	Oct. 2 1927
20. UNDERTAKER	**ADDRESS**
Wacker - Heldeck	2331 N. Broad

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.