

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

Do not use this space.

32067

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis Mo. (No. 1508th Monroe St.) St. _____ Ward _____
 Registered No. 9239

2. FULL NAME

Minnie Strehoneyer
 (a) Residence. No. 1508th Monroe St. 26 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 23, 1849

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
78 4 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housework
 (b) General nature of industry, business, or establishment in which employed (or employer). _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

10. NAME OF FATHER Wm. Henselmeier

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

12. MAIDEN NAME OF MOTHER Don't know

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

14. INFORMANT Lena Stremmerly
 (Address) 1508th Monroe St

15. FILED 21 1327 Max G. Starkopf
 19 19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

20 16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 21st 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1927 to Oct 21, 1927 that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ 1:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
935
1529003 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY Supremacy of old age
 (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____

D DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) R. L. Hild, M. D.

Oct 21, 1927 (Address) 5100 Maple
 *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 New Pickers DATE OF BURIAL Oct 24 19 27

20. UNDERTAKER Hy Leidner Und Co. St. Market St.
 ADDRESS 1417

WRITE FULLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Dr. H. H. H. H.
3100 7th St. N. W.