

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

Do not use this space.

35022

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City, St. Louis Mo. (No. 3439 a So. Jefferson) St. 10170 (Ward)

2. FULL NAME

Minnie Strize
 (a) Residence. No. 3439 a So. Jefferson St., 24 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 2-1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ___ hrs. or ___ min.
75 0 9

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Ggno Zeller

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Frank Strize
 (Address) 3439 a So. Jefferson.

15. FILED 21 11 1927 Mano Staroff
 19 27 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 11- 1927.

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1927, to Nov 11, 1927 that I last saw h. or alive on Nov 11, 1927, and that death occurred, on the date stated above, at 3:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Cardiac Dilatation
93C
9th (duration) yrs. mos. da.
 CONTRIBUTORY Chronic myocarditis
 (SECONDARY) (duration) yrs. mos. da.

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) H. H. Schumacher, M. D.
11/12, 1927 (Address) 6811 a Gravois

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL S. S. Peter + Paul DATE OF BURIAL Nov. 14- 1927.

20. UNDERTAKER Ziegenheim Bros 2623 Cherokee ADDRESS

WRITE PLAINLY, 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.

