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.

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

Do not use this space.

7270

File No. 2252

Registered No.

1. PLACE OF DEATH

County: St. Louis

Township:

City: St. Louis (No. 2846 Geyshe St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Rudolph Victor Walter Stroh

(a) Residence. No. (Usual place of abode) St., 15 Ward. (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: Male

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: Elizabeth

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 26 1865

7. AGE: Years 62 | Months 3 | Days 2 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Book Keeper
(b) General nature of industry, business, or establishment in which employed (or employer): J. G. Grunwier
(c) Name of employer: Lousana Co

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

PARENTS

10. NAME OF FATHER: Rudolph Stroh

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

12. MAIDEN NAME OF MOTHER: Marie Richter

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

14. INFORMANT: Walter L. Stroh
(Address) 9909 Brookline

15. FILED: SEP 29 1928 Mau C Starkoff REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feby 28 1928

17. I HEREBY CERTIFY, That I attended deceased from June 5th, 1927, to February 28, 1928, that I last saw him alive on February 27th, 1928, and that death occurred, on the date stated above, at 12:27 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gangrene of Lung.
Diabetic
59
121

(duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (SECONDARY): Chronic Interstitial Nephritis

(duration) 1 yrs. 6 mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Sputum Exam. —

Feb 28 1928 (Signed) Albert Beisbaitts, M.D.
(Address) 3548 S. Grand Bl.

*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: Park Lawn | DATE OF BURIAL: 3/2 1928

20. UNDERTAKER: C. Hoffmeister & Co | ADDRESS: 7814 S. Broadway