

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

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1000**

City: **St Louis Mo.**

(No. **Lutheran Hospital**)

File No. **28513**

Registered No. **L7953**

St. .... Ward)

**2. FULL NAME**

(a) Residence. No. **6247 Magnolia St.** Ward. **3**

(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 (OR) WIFE OF **Frederick Strachman**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Feb 9<sup>th</sup> 1876**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **52 5 23**

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) **St Louis Mo** (STATE OR COUNTRY)

10. NAME OF FATHER **Herman Hakemeier**

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)

14. INFORMANT **Frederick Strachman** (Address) **6247 Magnolia**

15. FILED **AUG 04 1928** **Max C. Starkloff** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Aug 2<sup>nd</sup> 1928**

17. I HEREBY CERTIFY, That I attended deceased from **April 1928**, to **Aug 2 1928**, and that I last saw him alive on **Aug 2 1928**, and that death occurred, on the date stated above, at **11:30 P.M.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**acute myocarditis**  
**6 to 10**  
**93A GOON** (duration) yrs. mos. **4** da.

CONTRIBUTORY (SECONDARY) **Toxic Epithelialis** (duration) yrs. **6** mos. da.

18. WHERE WAS DISEASE CONTRACTED **Luth. Hospital** IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? **yes** DATE OF **July 23-1928**

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **Physical Clinical & Labatory** (Signed) **W. Walters**, M. D. **8-2-1928** (Address) **3608 S 2d**

\*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 **Hiram Cem** DATE OF BURIAL **Aug 6 1928**

20. UNDERTAKER **H. Leidner and Co** ADDRESS **1417 N. Market St**

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.

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