2 1929

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

Do not use this space.

12238

1. PLACE OF DEATH
County St Louis — Registration District No. 1170 — File No.
Township — Primary Registration District No. 6248H — Registered No. 68
City Richmond Heights (No. St Marys Hospital St. Ward)

2. FULL NAME Aurelia Struckhoff
(a) Residence. No. 7325 Wellington Av. St., Ward. St. Louis Mo.
(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): single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch 27th 1916

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
12	11	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School Girl
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Emil H Struckhoff
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Emma Klott
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14. INFORMANT Emil H Struckhoff
(Address) 7325 Wellington Av

15. FILED 3/9 1929 C. B. Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/9 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1929 to Mar 9, 1929 that I last saw her alive on Mar 9 11 pm, 1929, and that death occurred, on the date stated above, at 3 05 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 934

Acute Myocarditis 893

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Chorea (acute)

(duration) yrs. 2 mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 7325 Wellington Ave.
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) Ted C Reilly, M. D
, 19 (Address) 1203 Mo Theatre Bldg

*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: Calvary
DATE OF BURIAL: 3-12 1929

20. UNDERTAKER: Arthur J Donnelly
ADDRESS: 2039 Wash St

JH 7520
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