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

Do not use this space.

13146

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 3706

Township ..... Primary Registration District No. 1003 Registered No. .....

City St Louis Mo (No. St Anthony's Hosp St. ..... Ward)

2. FULL NAME Conrad H Streb

(a) Residence. No. ..... St., 10 Ward. Dixon 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 25 - 1853

7. AGE: Years 76 | Months — | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS

10. NAME OF FATHER Unknown Streb

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Frank Streb
(Address) 2309 N 10th St.

15. FILED ..... 19 Max C Starkley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 26 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1929, to Mar. 26, 1929, that I last saw him alive on Mar. 25, 1929, and that death occurred, on the date stated above, at 1:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cornicious Anemia.
97 C
71 A
(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis.
(duration) 5 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? N.B.
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Exam. & laboratory
(Signed) David B. Flavan, M.D.
, 19 (Address) Fries Bldg. St. Louis

*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: Dixon Mo
DATE OF BURIAL: Mar 26 1929

20. UNDERTAKER: Anchrust Mud Co
ADDRESS: 4234 Manchester

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.