

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

Do not use this space.

17340

**1. PLACE OF DEATH**

County Buchanan  
Township \_\_\_\_\_  
City St. Joseph, (No. 1718 Colhoun St.)

Registration District No. 85  
Primary Registration District No. 1001

File No. \_\_\_\_\_  
Registered No. 638  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Theodore Strignitz

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? 70 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**

Magdalene Strignitz

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Apr. 12, 1849

**7. AGE**

YEARS

MONTHS

DAY

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

80

1

3

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Retired Gardner.  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)** Unknown

(STATE OR COUNTRY) Germany

**10. NAME OF FATHER** William Strignitz

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)** Unknown

(STATE OR COUNTRY) Germany

**12. MAIDEN NAME OF MOTHER** Unknown

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)** Unknown

(STATE OR COUNTRY) Germany

**14. INFORMANT** Mrs. Magdalene Strignitz

(Address) 1718 Colhoun St.

**15. FILED** MAY 16 1929 John J. W. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** May 15, 1929 19

**17. I HEREBY CERTIFY, That I attended deceased from** Nov 18, 1928, to May 15, 1929, that I last saw him alive on May 15, 1929, and that death occurred, on the date stated above, at 9.30 A.M. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Myocardial Insufficiency  
93D  
97

(duration) unknown yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**CONTRIBUTORY (SECONDARY)** Atherosclerosis

(duration) unknown yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

If NOT AT PLACE OF BIRTH \_\_\_\_\_

**19. DID AN OPERATION PRECEDE DEATH?** no DATE OF \_\_\_\_\_

**20. WAS THERE AN AUTOPSY?** no

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) Justin A. Law, M. D.

5/16, 1929 (Address) Kirkpatrick 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**

**DATE OF BURIAL**

Ashland Cemetery

May 17, 1929

**20. UNDERTAKER**

**ADDRESS**

Walter Meluhoffe

1302 Faraon 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.

JUN 24 1929

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10  
20  
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