

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.

APR 30 1930

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

Do not use this space.

10173

1. PLACE OF DEATH
 County ST. LOUIS Registration District No. 1123
 Township CARONDELET Primary Registration District No. 3248 E
 City 9950 Sarah St. Louis Co. (No. 9950 Sarah St. Louis Co.) St. 54 (Ward)

2. FULL NAME Christopher J. Strobel
 (a) Residence. No. 9950 Sarah St. Louis Co. St. 54 Ward. 54
 (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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 18 - 1874

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>55</u>	<u>10</u>	<u>15</u>	

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

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

10. NAME OF FATHER John Strobel

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

12. MAIDEN NAME OF MOTHER Lena Smith

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

14. INFORMANT Clara A. Strobel
 (Address) 9950 Sarah St. Louis Co.

15. FILED Mar 5 1930 L. C. Obrock
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 3 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 10th, 1930, to March 2nd, 1930.
 That I last saw h. a. m. alive on March 3 - 1930, and that death occurred, on the date stated above, at 7:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia lobar
with / ofa (duration) yrs. mos. ds. 5

CONTRIBUTORY (SECONDARY) Arterios (alcoholic)
Unknown (duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF ✓

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Physical finding + labatory
 (Signed) Edward H. Gibbons, M. D.
3/4, 1930. (Address) 3104 South Grand Blvd.

*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 Oak Grove, Bern. DATE OF BURIAL 3-6-1930

20. UNDERTAKER Ziegenhein Bros. 2625 Becker St. ADDRESS

