

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

Do not use this space.

17516

1. PLACE OF DEATH

County.....
Township.....
City St. Louis Mo. (No.)

Registration District No. 791
Primary Registration District No. 11003
Sanitarium

File No.
Registered No. 4592
St. Ward

2. FULL NAME

Anton Strathans

(a) Residence. No. 3603 West 11th St. 13 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. + mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 7th 1930

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

17. I HEREBY CERTIFY, That I attended deceased from April 28th 1930, to May 7th 1930 that I last saw him alive on May 17th 1930, and that death occurred, on the date stated above, at 11:50 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 19. 1881.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 3 18.

Facial Empyema non traumatic cause unknown

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

15 3 (duration) yrs. mos. 10 ds.

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

CONTRIBUTORY (SECONDARY) 10 (duration) yrs. mos. ds.

10. NAME OF FATHER Gerhard Strathans

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER Anna Westernman

WHAT TEST CONFIRMED DIAGNOSIS Clinical

(Signed) W.R. Sumness, M. D.

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

5/8 19 30 (Address) 5300 Arsenal

*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.

14. INFORMANT W.R. Sumness (Address) 5300 Arsenal

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Union Mo May 9th 1930

15. FILED May 1930 REGISTRAR

20. UNDERTAKER ADDRESS

Edward Koch 3516 N. 4th

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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PARENTS

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