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

Do not use this space.

17541

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St Louis (No. ..... St. ..... Ward)

File No. .....

Registered No. 4619

2. FULL NAME Martin Strahl

(a) Residence. No. 1419a So 10 St., 23 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 11 - 1858

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
71	5	27	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Spinner

(b) General nature of industry, business, or establishment in which employed (or employer) St Louis Carthage

(c) Name of employer Mills

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

PARENTS

10. NAME OF FATHER Martin Strahl

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

12. MAIDEN NAME OF MOTHER not known

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

14. INFORMANT Martin Strahl (Address) 1419a So 10th St.

15. FILED ....., 19..... Max C Parker Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8 1930

17. I HEREBY CERTIFY, That I attended deceased from May 6, 1930, to May 8, 1930, that I last saw him alive on May 8, 1930, and that death occurred, on the date stated above, at 6:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Erebrad Haemorrhage

8 & A 74 A (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

9 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Robert L Reber, M. D

May 9, 1930 (Address) 1837 S 9 St

*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 St. Peter & Paul

DATE OF BURIAL May 10 1930

20. UNDERTAKER Arendes & Co

ADDRESS 1718 So 9 St

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