NOV 3 1930

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

Do not use this space.

31052

1. PLACE OF DEATH
County St. Louis — Registration District No. 1123 — File No. 299
Township Carondelet — Primary Registration District No. 6248 B, — Registered No.
City KOCH (No. Koch Hosp. St. Ward)

2. FULL NAME STROER, MARIE
(a) Residence. No. 1409 Sullivan St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. 2 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 10, 1907

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	22	10	25	

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

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

PARENTS
10. NAME OF FATHER Henry Stroer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Emma Kurtz
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

14. INFORMANT Robert Koch Hospital
(Address) Koch Missouri

15. FILED 9 5 1930 L. C. Abrook
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 5 1930

17. I HEREBY CERTIFY, That I attended deceased from July 3 1929, 19..., to Sept. 5, 1930 that I last saw her alive on Sept. 5th, 1930, and that death occurred, on the date stated above, at 9:10 AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis F A 6
23A
25
In Koch Hospital (duration) 1 yrs. 2 mos. 2 ds.
CONTRIBUTORY (SECONDARY) Intestinal Tuberculosis
About (duration) X yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Unknown
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X Ray & Sputum
(Signed) J. Trider Woodburn, M. D.
9/5/30 19 (Address) Koch Hospital

*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
Calvary Cem	Sept 8 1930
20. UNDERTAKER	**ADDRESS**
Brookland U. & L.	1827 N. Jefferson

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.

WRITE PLAINLY, WITH INDELIBLE INK. THIS CERTIFICATE MUST BE FILED WITH THE REGISTRAR OF VITAL STATISTICS, JEFFERSON CITY, MISSOURI