

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

Do not use this space.

3423

1. PLACE OF DEATH

County.....

Registration District No. 79

Township.....

Primary Registration District No. 1003

City St. Louis

(No. City Hospital)

File No.

Registered No. 653

St.

Ward)

2. FULL NAME

Dana Strauss

(a) Residence, No. #4181 a Delmar Blvd

St. Ward 19

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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

Jacob Strauss

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

April 29-1901

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ___ hrs. or ___ min.

29-

8.

16

8. OCCUPATION OF DECEASED

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

Model

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

1630

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Mc Vernon

(STATE OR COUNTRY)

Illinois

10. NAME OF FATHER

Robt L. Gray

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Illinois

12. MAIDEN NAME OF MOTHER

Fauna Partley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14.

INFORMANT (Address)

Otto H. Prasuhn 4181 Delmar

15.

FILED

May 10 1931

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

July 15-1931

17. No Physician in Attendance I HEREBY CERTIFY that I attended deceased from _____, 19____, to _____, 19____

that I last saw him _____ alive on _____, 19____, and that death occurred on the date stated above, at 5:30 P m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Psychic Poisoning
Self Administered

CONTRIBUTORY (SECONDARY)

Suicide

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH

DATE OF

WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

J. W. Kerner, M.D.

1/16, 1931 (Address)

Dep. Corona

*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

Mt Vernon Ill

Jan 18 1931

20. UNDERTAKER

C. R. Dupton

ADDRESS

4449 Olive

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.

WHILE FILLING IN WITH WRITING INSTRUMENTS IS A PERMANENT RECORD

