

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

Do not use this space.

22811

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 500) S. Kingshighway St. (Ward)

File No.
 Registered No. 6237

2. FULL NAME Fred Stroback

(a) Residence. No. 2719a S. 11th St., 13 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 3 mos. 17 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>-</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-17-29

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>2</u>	<u>2</u>	<u>16</u>	

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

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

10. NAME OF FATHER Fred STROBACK

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

12. MAIDEN NAME OF MOTHER Alice McKinney

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

14. INFORMANT M. Brown
 (Address) 500 S. Kingshighway

15. FILED 1111-3 1931 Max C. Hardesty REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) JUNE 3rd 1931

17. I HEREBY CERTIFY, That I attended deceased from 6-1-1931 to 6-3-1931 that I last saw him alive on 6-2-1931, and that death occurred, on the date stated above, at 1:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sarcoid of Kidney
57A
 (duration) yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) 57A
 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH. No. DATE OF -

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS Cystoscopy
 (Signed) Alexis F. Hamilton, M.D.
 (Address) 7433 Verdale

*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 Mr. Hope Cemetery DATE OF BURIAL June 6 1931

20. UNDERTAKER Southern Und Co ADDRESS 6370 E Grand

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Opuntia - Cylindropuntia