

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

Do not use this space.

2566

1. PLACE OF DEATH

County..... Registration District No. 57201
 Township..... Primary Registration District No. 7
 City St. Louis (No. 4487 - Kingshighway N.E.) St. 259 Ward.....

2. FULL NAME

Louisa Stricker
 (a) Residence, No. 4487 Kingshighway N.E. St. 7 Ward.....
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ferdinand H Stricker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 5 1869</u>		
7. AGE	YEARS <u>62</u>	MONTHS <u>4</u>
	DAYS <u>3</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>		
MOTHER FATHER	13. NAME <u>Johanna Schmitt</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Louisa Benke</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Ferdinand H Stricker</u> (ADDRESS) <u>4487 Kingshighway N.E.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>Jan 11 1932</u>		
19. UNDERTAKER <u>Math. Hermann & Son</u> (ADDRESS) <u>316 1/2 East Taylor</u>		
20. FILED <u>Jan 11 1932</u> <u>M. C. Warren</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8 1932

22. I HEREBY CERTIFY, that I attended deceased from July 1, 1931, to Jan 8, 1932
 I last saw her alive on Jan 7, 1932 Death is said to have occurred on the date stated above, at 10:10 A.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset
Arterio Sclerosis
Neurosthenia
 Other contributory causes of importance:
①

23. Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify.....
 (Signed) Olinda A. Stricker, M. D.
 (Address) 5251 1/2 St. Louis Av

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.

