

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

Do not use this space.

6388

1. PLACE OF DEATH

County..... Registration District No.....

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

City St. Louis (No. City Hospital)

2. FULL NAME

(a) Residence, No. 710 Wash St. 250 Ward.

(Usual place of abode)

File No.

Registered No. 1423

St. Ward)

Length of residence in city or town where death occurred 9 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11 - 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>50</u>	<u>2</u>	<u>29</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 32

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) Germany 10

FATHER 13. NAME Willie Strojenski

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Guttenow

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 31

17. INFORMANT (ADDRESS) Hospital Informant

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Feb. 13th 1932

19. UNDERTAKER (ADDRESS) Aug. Brickland & Co.

20. FILED FEB 13 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 9th 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7th 1932 to Feb 9th 1932

I last saw him alive on Feb. 9th 1932 Death is said to have occurred on the date stated above, at 5:40 P.M.

The principal cause of death and related causes of importance were as follows: 93

Chronic Myocarditis.

Other contributory causes of importance: 93

Name of operation..... Date of.....

What test confirmed diagnosis? clinical Was there an autopsy? Yes

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..... 1

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) Raymond Jacobs, M. D. (Address) City Hospital

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.

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