

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

Do not use this space.

27970

1. PLACE OF DEATH

County..... Registration District No. *17*
 Township..... Primary Registration District No. *17*
 City *St. Louis* (No. *Emergency City Hospital A*) St. *17* Ward

File No.
 Registered No. **7853**
 St. Ward

2. FULL NAME *Anna Strupler*

(a) Residence, No. *2636 Shenandoah* St. *17* Ward.

(Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred *25* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widow</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Widow of John Strupler</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>October 25 1860</i>		
7. AGE YEARS <i>71</i>	MONTHS <i>10</i>	DAYS <i>1</i>
IF LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>At Home</i>	
	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) <i>Iowa 2</i>		
MOTHER	13. NAME <i>Charles Rappenecker</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany 10</i>	
	15. MAIDEN NAME <i>Unknown</i>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>		
17. INFORMANT <i>Charles Strupler</i> (ADDRESS) <i>2636 Shenandoah</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE No. <i>Crematory</i> DATE <i>8/29/32</i>		
19. UNDERTAKER <i>P. J. McLaughlin</i> (ADDRESS) <i>1631 Massachusetts Ave</i>		
20. FILED <i>AUG 20 1932</i> <i>Registrar</i>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug - 26 1932*

22. *No physician* That I attended deceased from 19..... to 19.....
 I last saw h..... alive on..... 19..... Death.....
 to have occurred on the date stated above, at *4-11* m.
 The principal cause of death and related causes of importance were as follows:
Chronic myocarditis Date of onset
932
 Other contributory causes of importance:
(Circled numbers 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50)

Name of operation..... Date.....
 What test confirmed diagnosis?..... Was there an autopsy? *no*

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) *[Signature]* (Address) *[Address]*

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.

