

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.

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

Do not use this space.

14661

1. PLACE OF DEATH

County \_\_\_\_\_ Registration District No. 793  
Township \_\_\_\_\_ Primary Registration District No. 10023  
City St. Louis (No. 2919, N. Taylor a \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. \_\_\_\_\_  
Registered No. 3160  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Adolph Strebile

(a) Residence No. \_\_\_\_\_ St. 7 Ward. \_\_\_\_\_ (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</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>Emma Strebile</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 2<sup>nd</sup> 1854</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>10</u>
	DAYS <u>1</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Supt. Retired</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>American Wine Co</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1933 to Apr. 3, 1933

I last saw him alive on April 3, 1933. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:  
Chronic myocarditic with arterio sclerosis

Other contributory causes of importance: \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

FATHER

13. NAME Mathias Strebile

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

MOTHER

15. MAIDEN NAME Margaret Krier

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

17. INFORMANT Mrs. Emma Strebile  
(ADDRESS) 2919 N. Taylor

18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Peter & Pauls DATE April 6, 1933

19. UNDERTAKER Arthur J. D. ...  
(ADDRESS) 1840 ...

20. FILED PR 5 1933 Way ...  
Registrar.

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) A. J. ..., M. D.  
(Address) 2206 Howard St.

100 Herke

2206 Howard St

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