

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

Do not use this space.

791
2003

14740

1. PLACE OF DEATH

County Registration District No.
 Township Primary Registration District No.
 City, St. Louis (No. City Hospital)

File No.
 Registered No. 3249
 St. Ward)

20217 Josephine Stronberg

(a) Residence, No. 2907 Baileys 10 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>Wm. Stronberg</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 18th 1981</u>		
7. AGE	YEARS	MONTHS
	<u>67</u>	<u>11</u>
		DAYS
		<u>20</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>home</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>Illinois</u>
MOTHER
FATHER
13. NAME <u>Morris Unknown</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>London England</u>
15. MAIDEN NAME <u>Don't know</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>" " " "</u>

17. INFORMANT hospital information
 (ADDRESS) City Hospital

18. BURIAL, CREMATION, OR REMOVAL
 PLACE attn. Illinois DATE 4-10-1933

19. UNDERTAKER Joseph H. Co.
 (ADDRESS) 3711 N. 1st St. St. Louis

20. FILED 2003 OR 1933
Wm. Standley
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7th 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 24th 1933 to April 7th 1933

I last saw her alive on April 7th 1933. Death is said to have occurred on the date stated above, at 3:30 a.m.

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

Carcinoma of breast
59
335
57

Other contributory causes of importance:
Ch. Myocarditis - arterio-sclerosis
Old cerebral hemorrhage

Name of operation removal of breast Date of 3-17-33

What test confirmed diagnosis? laboratory 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 Jerome J. Simon M. D.
 (Signed) Jerome J. Simon
 (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.

Stromberg