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.

File No. 21572

Registered No. 5368

1. PLACE OF DEATH

County ..... Registration District No. 7911

Township ..... Primary Registration District No. 403

City St. Louis (No. 829, E. Prairie Ave. St. ..... Ward)

2. FULL NAME Phillippina Straub

(a) Residence, No. 829 E. Prairie Ave St., 9 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 11, 1857

7. AGE: YEARS 75 | MONTHS 11 | DAYS 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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

FATHER

13. NAME: Not Known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs. Alma Schubert, 829 E. Prairie Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Pickers DATE June 23 1933

19. UNDERTAKER (ADDRESS): Math. Hermann and Son, 2161 East Fair Ave.

20. FILED JUN 20 1933 19 J. F. Biedeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1933, to June 20, 1933

I last saw her alive on June 20, 1933. Death is said to have occurred on the date stated above, at 2 a.m.

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

	Date of onset
Acute Ulcerative Colitis	June 9
93C	
120B	
1 2 0	

Other contributory causes of importance: Chronic Myocarditis ?

8

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) Seth P. Smith, M. D.

(Address) 4500 Clarence Ave