

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

Do not use this space.

24468

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 1118
City St. Louis (No. 4373 Maryland)

File No.....
Registered No. 5842
St. Ward)

2. FULL NAME Minnie Straek

(a) Residence, No. 4373 Maryland st. 14 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 19 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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry - e - Straek

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2 - 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 0 29

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

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

10. Date deceased last worked at this occupation (month and year) 1933 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hollan Missouri

13. NAME H. M. Rudolph

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Larnee H Straek 4373 Maryland

18. BURIAL, CREMATION, OR REMOVAL PLACE Avensville Mo DATE July - 5 - 1933

19. UNDERTAKER (ADDRESS) J. H. M. L. Doughty 1631 Mississippi Ave

20. FILED July 3 1933 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July - 1 - 1933

22. I HEREBY CERTIFY That I attended deceased from 3-15 1933, to 7-1 1933

I last saw her alive on 7-1 1933 Death is said to have occurred on the date stated above, at 6:45 P m.

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

Hemiplegia Date of onset 6/28
Hypertension
Cardiac Hypertrophy
Name of operation none Date of.....
What test confirmed diagnosis? Ctural 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? No
If so, specify.....

(Signed) Thomas M. Martin, M. D.
(Address) 607 No 2nd

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.

