

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

Do not use this space.

34621

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **11002**
 City **St. Louis** No. **44153** **City of St. Louis** St. **8720** Ward)

2. FULL NAME

(a) Residence, No. **44153** **City of St. Louis** St. **9** 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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Olga Stricken		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 28, 1881		
7. AGE YEARS 51	MONTHS 10	DAYS 11
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Officer		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Met. Police Department		
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) St. Louis Mo		
13. NAME William Stricken		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
15. MAIDEN NAME Charlotte Reinholdt		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
17. INFORMANT (ADDRESS) Mrs. Olga Stricken		
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE Oct. 12, 1935		
19. UNDERTAKER (ADDRESS) Math. Hermann and Son		
20. FILED 107-9-1935		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10-9, 1935**

22. I HEREBY CERTIFY, That I attended deceased from **10-3-33**, 19....., to **10-9-33**, 19.....
 I last saw him alive on **10-8-**, 19**35**. Death is said to have occurred on the date stated above, at **2:30 A.M.**
 The principal cause of death and related causes of importance were as follows:

Chronic
Cerebral hemorrhage
87A

Other contributory causes of importance:
Chronic
87A

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 **Chronic**
 (Signed) **Francis J. Madley** M. D.
 (Address) **4114 W. Harrison**

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.

NOV 10 1935

OCCUPATION
FATHER
MOTHER

Date of onset
1928
1063

Registrar.

