

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.

MAR 24 1934

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

Do not use this space.

37
2
6

1. PLACE OF DEATH

County Gasconade
Township
City Hermann (No. _____)

Registration District No. 303
Primary Registration District No. 4182

File No. 4525
Registered No. 6
St. _____ Ward _____

2. FULL NAME

Eileen Bernice Strassner

(a) Residence, No. Hermann Mo St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day hrs. or min. 40

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

13. NAME Oliver H. Strassner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gasconade Co., Mo.

15. MAIDEN NAME Opal M. Wassenberg

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) San Antonio Texas

17. INFORMANT (ADDRESS) Oliver H. Strassner Hermann Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Little Beyer DATE 2-19- 1934

19. UNDERTAKER (ADDRESS) Oliver Strassner father

20. FILED 2-19 1934 Anna R. Rieckhoff Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 16 1934 to Feb 16 1934

I last saw her alive on Feb 16 1934 Death is said to have occurred on the date stated above, at 11:55 P.M.

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

159
Other contributory causes of importance:
159

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 _____ (Signed) H. Hessling, M. D.
(Address) Hermann Mo

