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.

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

OCT 24 1934

Do not use this space.

34876

1. PLACE OF DEATH St. Louis
County St. Mary's Hosp. Registration District No. 1170 File No.
Township Primary Registration District No. 6248 H. Registered No. 156
City Maplewood (No. St. Mary's Hospital St. Ward)

2. FULL NAME Norma Jean Striler
(a) Residence, No. St., 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 F.
4. COLOR OR RACE W.
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) June 16-1934
7. AGE YEARS — MONTHS 3 DAYS If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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) Festus Mo.

FATHER
13. NAME Floyd Striler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Mabel White
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Floyd Striler Festus, Mo
18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Festus, Mo. DATE 9-17 1934
19. UNDERTAKER (ADDRESS) Wm. F. Barnhart Crystal City Mo.
20. FILED Sept 16, 1934 Gertrude Porter Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16, 1934
22. I HEREBY CERTIFY, That I attended deceased from Sept 10th, 1934, to Sept 16, 1934
I last saw her alive on Sept 16th, 1934. Death is said to have occurred on the date stated above, at 1:10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea	Aug 27
Anhydremia	Sept 13
Syphilis (Congenital)	Birth

Other contributory causes of importance:

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) Fred C. Battaglia, M. D.
(Address) St. Mary's Hospital