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

DEC 17 1934

Do not use this space.

39824

1. PLACE OF DEATH

County Jefferson — Registration District No. 425 — File No. 10

Township Meramec — Primary Registration District No. 558 — Registered No. 59

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Adolph Rudolph Struessel

(a) Residence, No. ..... St., ... Ward. St Louis Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 48 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

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 Emma Struessel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9-1879

7. AGE — YEARS 55 — MONTHS 2 — DAYS 11 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Oct 1934

11. Total time (years) spent in this occupation 15 yrs

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

FATHER

13. NAME Ludwig Struessel

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

MOTHER

15. MAIDEN NAME Caroline Belinke

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

17. INFORMANT (ADDRESS) Erwin E. Struessel 8424 Minnesota Ave St Louis

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Trinity Cem DATE Nov 23 1934

19. UNDERTAKER (ADDRESS) J H Brunner House Springs Mo

20. FILED 11/20 1934 James A Townsend Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

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

Carbon Monoxide Poisoning (Suicide) body in auto with 5 ft hose from exhaust into body of auto

Date of onset

Other contributory causes of importance:

164 (over)

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 11/20/34, 19.....

Where did injury occur? Rock Ford Beach Near House Springs Mo (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) H. J. Dickhardt (Acting Coroner) M. D.

(Address) Cedar Hill, Mo.

Physical examination revealed Rigor Mortis to a Marked Degree. Body very rigid. Extreme Discoloration on Parts of body. Color a very bright red. Blood Gathered in Spots. Surface Veins in fore arms Collapsed.

Examination of Car revealed a garden hose attached to muffler & extending through rear floor Board of Chrysler Coach. Gas tank Empty, Switch on & windows of Car Closed. No marks of any Kind on body. Body fully Clothed