

AUG 9 1935

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

Do not use this space.

791

1002

24500

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City *St. Louis Mo.* (No. *Sanitarium*) St. Ward)

File No.
Registered No. **5880**
St. Ward)

2. FULL NAME

(a) Residence, No. *14413 Strodtmans*, Ward. *9*
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred *50* 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 *William Sale*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct. 23, 1859*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 8 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
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) *Jefferson County Missouri*

MOTHER FATHER 13. NAME *William Junge*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown Missouri*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

17. INFORMANT *Dr. B. P. Seel*
(ADDRESS) *2400 Central St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Memorial Park* DATE *July 10, 1935*

19. UNDERTAKER *W. A. Stark Mfg. Co. and*
(ADDRESS) *2117 E. Grand Ave.*

20. FILED *Aug -9 1935* 19 *J. Bredeski*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7/7*, 19 *35*

22. I HEREBY CERTIFY, That I attended deceased from *7/6*, 19 *35*, to *7/6/35*, 19

I last saw h. *EX* alive on *7/7/35*, 19 Death is said

to have occurred on the date stated above, at *6:45* a.m.

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

Date of onset *7/7/35*
Central Nervous System
82
Other contributory causes of importance:

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

(Signed) *B. P. Seel*, M. D.

(Address) *2400 Central St.*

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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