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

Do not use this space.
41143

1. PLACE OF DEATH JAN 3 1935
County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis Mo (No. 3843 Shenandoah St. ..... Ward)

File No. 10351
Registered No. .....

2. FULL NAME Elizabeth Strubhart,
(a) Residence, No. 3843 Shenandoah St., 17 Ward.
(Usual place of abode) (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 Femal
4. COLOR OR RACE White
5. SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ (write the word) Widow

5A. IF ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Alph. Strubhart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24-1860

7. AGE YEARS 74 MONTHS 11 DAYS 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
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) Carlton Ill.

FATHER
13. NAME William Haster
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Clara Sebatean 3843 Shenandoah

18. BURIAL, CREMATION, OR REMOVAL
PLACE Aviston Ill. DATE Dec 10 1935

19. UNDERTAKER (ADDRESS) E. J. Schnur 3125 Lafayette av.

20. FILED ..... 19 ..... J F Bredeck Registrar.
DEC - 8 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 7th, 1935.

22. I HEREBY CERTIFY, That I attended deceased from ....., 1935, to December 7th, 1935
I last saw her alive on December 7th, 1935. Death is said to have occurred on the date stated above, at 10 a m.
The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency and Aortic Stenosis

Other contributory causes of importance:
Chronic Interstitial Nephritis.

Date of onset: 31

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) Louis A. Brandenburger M. D.
(Address) 3922 Cleveland Ave.