

JUN 26 1936

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

Do not use this space.

20543

1. PLACE OF DEATH

County St. Louis

Registration District No. 333

Township Ferguson Town

Primary Registration District No. 4468

City St. Louis

(No. Ferguson, R.R. #10, Mo.)

File No. _____
Registered No. 106 St. _____ Ward _____

2. FULL NAME Mary Straus

(a) Residence, No. R.R. No 10 Ferguson Mo. 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) -----
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 24th 1936</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, <u>4</u> hrs. or <u>7</u> min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NO

13. NAME Henry Straus

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No

15. MAIDEN NAME Marie Ritter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No

17. INFORMANT Henry Straus
(ADDRESS) R. R. No Ferguson Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cem. DATE May 25 1936

19. UNDERTAKER Edward Koch
(ADDRESS) 3516 41st St

20. FILED May 25, 1936 W.A. Ziebler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25 1936

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1936, to May 25, 1936.
I last saw her alive on 11 P.M. May 24, 1936. Death is said to have occurred on the date stated above, at U. S. A.
The principal cause of death and related causes of importance were as follows:

Premature infant
Period of gestation
7 mos.

Other contributory causes of importance:
Atelectasis Pulmonis

Name of operation _____ Date of _____
What test confirmed diagnosis etc. Was there an autopsy? no

23. If death was due 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) Jos. Kessler, M. D.
(Address) 3504 714th St.

White Smith

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.

OFFICIAL COPY MAY 22 1952

U.S. AIR FORCE WASHINGTON, D.C.

WHITE HOUSE

NO

REPLY STENO

NO

BY STAFF 1952

Always file

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WASHINGTON, D.C.

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