

AUG 18 1936

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

Do not use this space.

1. PLACE OF DEATH

County

Registration District No. **791**

Township

Primary Registration District No. **1003**

City **St. Louis, Missouri**

City Hospital No. **1**

B. **4916** **Frank Streib**

File No. **28376**

Registered No. **7139**

2. FULL NAME

(a) Residence, No. **No Home** St. **X** 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 **male** 4. COLOR OR RACE **white** 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) **April 30, 1875**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **61** **2** **12**

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

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) **St. Louis, Missouri**

13. NAME **Jacob Streib**

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

15. MAIDEN NAME **Julia ?**

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

17. INFORMANT **Hosp. Infd M. H. Kent** (ADDRESS) **City Hospital No. 1**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Old St. Marcus** DATE **July-14th, 1936**

19. UNDERTAKER **Wasker-Helderte** (ADDRESS) **2331 Broadway**

20. FILED **JUL 14 1936** **J. P. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7/11/36**, 19

22. I HEREBY CERTIFY, That I attended deceased from **7/6/36**, 19, to **7/11/36**, 19.

I last saw him **him** live on **7/11/36**, 19. Death is said

to have occurred on the date stated above, at **1:40 A.**

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

Arteriosclerosis Aneurysm
of Right side of aorta
9/6
Date of onset

Other contributory causes of importance:

Arteriosclerosis
Pleural effusion (Pt.)

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 **Charles J. Huntington, M. D.**

(Signed) **Charles J. Huntington, M. D.**

(Address) **City Hospital No. 1**

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.

