

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

Do not use this space.

AUG 18 1936

28512

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **Saint Louis, Missouri**, No. **3109a Cherokee Street.** File No.....
 Registered No. **7277**
 St. Ward)

2. FULL NAME **John J. Strohmeyer,**

(a) Residence, No. **3109a Cherokee Street.** St. **16** Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

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) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Ida Strohmeyer**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Bedruary 3rd, 1864**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
72		5	10	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Weissert Tobacco Co.
	10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) **Saint Louis, Missouri.**
 (STATE OR COUNTRY)

FATHER 13. NAME **John J. Strohmeyer**

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

MOTHER 15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Ida Strohmeyer**
 (ADDRESS) **3109a Cherokee Street.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Old S.S. Peter & Paul** DATE **July 16th, 1936**

19. UNDERTAKER **Ziegenhein Bros.**
 (ADDRESS) **2623 Cherokee Street.**

20. FILED **JUL 15 1936** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 13th, 1936.**

22. I HEREBY CERTIFY, That I attended deceased from **July 12, 1936** to **July 13, 1936**.
 I last saw him alive on **July 31, 1936** Death is said to have occurred on the date stated above, at **1:00 P.M.**

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

acute Gastroenteritis
arterio Sclerosis
micocarditis Chronic

Other contributory causes of importance:
arterio Sclerosis
micocarditis Chronic

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 **Yes**
 (Signed) **Leo W. Wilcox**, M. D.
 (Address) **5402 1/2 Brown Ave**

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.

