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.

FEB 8 1937

1. PLACE OF DEATH
County 96
Township 30
City St. Louis (No. Jewish Hospital / St. Ward) 1

Registration District No. 791
Primary Registration District No. 1003

File No. 3055
Registered No. 41

2. FULL NAME Alice Strakeljahn
(a) Residence, No. 4492 Bircher Blvd. St., 7 Ward. 1
(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: Female
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) February 9th, 1895

7. AGE: YEARS 41 ~~40~~ | MONTHS 11 | DAYS 8 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 251
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) Quincy, Ill. 2

FATHER
13. NAME Henry Strakeljahn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 2

MOTHER
15. MAIDEN NAME Lydia Schaffer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 2

17. INFORMANT (ADDRESS) Lydia Strakeljahn 4492 Bircher Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Quincy, Illinois DATE 1/2/37, 19

19. UNDERTAKER (ADDRESS) Hy Leidner Und Co. 1417 N. Market St

20. FILED JAN 2 1937 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/3, 1936, to 1/1, 1937
I last saw her alive on Jan. 1, 1937. Death is said to have occurred on the date stated above, at 9:30 A. M.
The principal cause of death and related causes of importance were as follows:

superficial ulcers of small intestines, fo 120

Date of onset.

Other contributory causes of importance:
Peritonitis x purulent pleurisy Results of Ulcers

Name of operation Laparatomy Date of 12/18/36
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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? no
If so, specify
(Signed) D Hermann Maas M. D.
(Address) 520 Metropolitan Bldg

Fr. Mass.
Dept Bld.