

JUN 28 1937

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

Do not use this space.

21144

File No. _____
Registered No. 78 _____
St. _____ Ward _____

1. PLACE OF DEATH
92 County St. Charles Registration District No. 757
48 Township St. Charles Primary Registration District No. 3036
8 City St. Charles (No. 9) St. _____ Ward _____

2. FULL NAME Mrs. Elsie Strecker
(a) Residence, No. 921 1/2 3rd St. St. 1 Ward. 7
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louis J. Strecker
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 14th 1851

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/5, 1937
22. I HEREBY CERTIFY, That I attended deceased from 5/1, 1937, to 5/5, 1937
I last saw her alive on 5/4, 1937 Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 85 7 21 _____
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) December 1936 11. Total time (years) spent in this occupation _____

The principal cause of death and related causes of importance were as follows:
Myocarditis Chronic Date of onset 4/1/37
Senility
Other contributory causes of importance. _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.
13. NAME Fredrick Kellenmeyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
15. MAIDEN NAME Micheline Pflaeger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
17. INFORMANT (ADDRESS) Mrs. Herman Hackmann

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cemetery DATE May 7 1937
19. UNDERTAKER (ADDRESS) Hackmann Park St. Charles, Mo
20. FILED 5/6, 1937 Clarence G. Neesler Registrar # _____

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? no
If so, specify _____
(Signed) W. H. Mause, M. D.
(Address) University City, Mo

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.

