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.

791
1003

File No. 21927
Registered No. 5679

1. PLACE OF DEATH JUL 8 - 1937

County ..... Registration District No. 1003
Township ..... Primary Registration District No. .....
City St. Louis, Mo. (No. 5411 N. Kingshighway Pl. St. ..... Ward)

2. FULL NAME Josephine Stroh.

(a) Residence, No. 5411 N. Kingshighway St., 7 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: 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: Charles Stroh.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 9, 1871.

7. AGE: Years 66 | Months 1 | Days 29 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework.
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.

FATHER
13. NAME: Edward Murray.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown.

MOTHER
15. MAIDEN NAME: Ellen Millet.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown.

17. INFORMANT: Mrs. Olive Mindel
(ADDRESS) 5127 Palm St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine Cem. DATE June 10, 1937

19. UNDERTAKER: Bergesch Undertaking Co.
(ADDRESS) 3661 Washington Pl.

20. FILED JUN 9 1937 J. H. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 8, 1937

22. I HEREBY CERTIFY That I attended deceased from June 7, 1937, to June 8, 1937
I last saw her alive on June 7, 1937. Death is said to have occurred on the date stated above, at 3:30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cortic Regurgitis	
92a	

Other contributory causes of importance:

Certain Scleros

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 .....
(Signed) Curtis L. Hunter, M. D.
(Address) 3 + d 3 W 14