

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

Do not use this space.

JUL 8 - 1937

1. PLACE OF DEATH

County..... Registration District No..... **791**
 Township..... Primary Registration District No..... **1003**
 City St. Louis, Mo. (No. 2917a, Sullivan Ave St. 10 Ward) Registered No. **22343**
 (If nonresident, give city or town and State)

2. FULL NAME Frances Strauss

(a) Residence, No. 2917a Sullivan Ave St. 10 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED - HUSBAND OF (OR) WIFE OF <u>late Leonard Strauss</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 22nd 1862</u>				
7. AGE <u>235</u>	YEARS <u>74</u>	MONTHS <u>9</u>	DAYS <u>0</u>	IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>		11. Total time (years) spent in this occupation.....		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>		10. Date deceased last worked at this occupation (month and year).....		

12. BIRTHPLACE (CITY OR TOWN) Lancaster
 (STATE OR COUNTRY) Ohio

13. NAME Henry Ebner

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

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) Not Known
 (STATE OR COUNTRY)

17. INFORMANT Mrs Carrie Hindle
 (ADDRESS) 2917a Sullivan Ave

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Slater, Mo DATE 6/24/37

19. UNDERTAKER Hy Seidner and Co
 (ADDRESS) 717 N. Mill St.

20. FILED JUN 23 1937
J. Bredeck
 - Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/22/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1937, to June 22, 1937
 I last saw h. alive on June 22, 1937 Death is said to have occurred on the date stated above, at 2:00 pm
 The principal cause of death and related causes of importance were as follows:

cardio-renal disease Date of onset 1 yr

Other contributory causes of importance:
chronic myocarditis yr

Name of operation..... Date of.....
 What test confirmed diagnosis? lab 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.....
 (Signed) Arthur S. Swallow M. D.
 (Address) 270 University

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.

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