

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

109

JUL 31 1937

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

Do not use this space.

25087

1. PLACE OF DEATH

County Jefferson Registration District No. 863
Township Pinney Primary Registration District No. 6137
City St. Louis No. 1 St. 1 Ward 1

File No. 25087
Registered No. 61

2. FULL NAME

Birthea Strzoga

(a) Residence, No. 1 St. 1 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-21-1937

5A. W MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF M

22. I HEREBY CERTIFY, That I attended deceased from 6-18-1937 to 6-21-1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-24-57

I last saw her alive on 6-15-1937 Death is said to have occurred on the date stated above, at 11:30 am

7. AGE YEARS 79 MONTHS 8 DAYS 27 If LESS than 1 day, hrs. or min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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

Fall off of roof of porch, accidentally

Other contributory causes of importance: 1860

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

13. NAME unk

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

15. MAIDEN NAME unk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk

17. INFORMANT (ADDRESS) J.M. Moody

18. BURIAL, CREMATION, OR REMOVAL PLACE Protestant DATE 6-27-1937

19. UNDERTAKER (ADDRESS) G.V. Elliott

20. FILED 6-27-1937 J.M. Moody

Name of operation Date of 1860
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 1

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J.M. Moody, M. D.
(Address) Houston, Mo

