

AUG - 5 1937

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

Do not use this space.

25826

1. PLACE OF DEATH

County..... Registration District No. **2** **791**
Township..... Primary Registration District No. **1003**
City ST. LOUIS (No. 4306 N. 19 ST) St. _____ Ward _____

File No. _____
Registered No. **7000**
St. _____ Ward _____

2. FULL NAME HENRY J. STRAUBE

(a) Residence, No. 4306 N. 19 St. 9 Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>HUSBAND OF ANNA STRAUBE</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>MARCH 8, 1856</u>		
7. AGE <u>81</u>	YEARS <u>4</u>	MONTHS <u>14</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>RETIRED PRINTER</u>
	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) <u>July 1935</u>

11. Total time (years) spent in this occupation <u>60 yrs.</u>
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12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>VIRGINIA GERMANY</u>

MOTHER	13. NAME <u>JACOB STRAUBE</u>
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FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>UNKNOWN GERMANY</u>
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MOTHER	15. MAIDEN NAME <u>UNKNOWN</u>
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FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>UNKNOWN UNKNOWN</u>
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17. INFORMANT (ADDRESS) <u>MRS ANNA STRAUBE 4306 N 19 ST</u>

18. BURIAL, CREMATION, OR REMOVAL PLACE <u>FRIEDENS</u>	DATE <u>JULY 24 1937</u>
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19. UNDERTAKER (ADDRESS) <u>Quedman & Sons 3934 N 20 ST</u>
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20. FILE <u>JUL 23 1937</u>	Registrar. <u>J. Bredeck</u>
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22 193722. I HEREBY CERTIFY, That I attended deceased from July 22nd Midday 1937 to July 22nd 1937I last saw him alive on July 22 1937 Death is said to have occurred on the date stated above, at 10:15 AM m.

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

Acute Myocarditis caused by chr. myocarditisDate of onset 7/22

Other contributory causes of importance:

Arterial Sclerosis (Senile)

Name of operation _____ Date of _____

What test confirmed diagnosis R.P. 230/90 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 1

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Alfred M. Taylor, M. D.(Address) 4244 N. Florissant

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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