

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.

OCT 26 1937

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

35399
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1170
(b) Township Jefferson Primary Registration District No. 6248-H. Registered No. 208
(c) City Richmond Heights (d) Street No. St Marys Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred — yrs. — mos. 15 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Margaret Josephine Strategier
(a) Residence, No. 411 E. Swann ave St. Webster Groves Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF May 1 1910
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4 - 1910
7. AGE YEARS 27 MONTHS 4 DAYS 16 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Teller
9. Industry or business in which work was done, as saw mill, bank, etc. Electric B & P Co.
10. Date deceased last worked at this occupation (month and year) Aug 22 - 1937 11. Total time (years) spent in this occupation 5y.
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster Groves Missouri
13. NAME Herman Strategier
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy Missouri
15. MAIDEN NAME Elizabeth Ringkamp
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri
17. INFORMANT (ADDRESS) Elizabeth Strategier 411 E. Swann ave
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Kirkwood DATE Sept 23 1937
19. FUNERAL DIRECTOR (ADDRESS) Parker Undert Co Webster Groves Mo
20. FILED Sept. 23 1937. Sam A. Bassett Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20 1937
22. I HEREBY CERTIFY, That I attended deceased from August 25 1937 to September 20 1937
I last saw him alive on September 16 1937 Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

Ac. Epidemic susceptibility Date of onset 8/20/37

Other contributory causes of importance:

Name of operation No Date of Sept 11 1937
What test confirmed diagnosis? Culture Was there an autopsy? No

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) H. A. Goodrich M. D.
(Address) 17 E. Kirkwood

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)