

DEC 13 1937

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

39714
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 791
 (b) Township St. Louis Mo. Primary Registration District No. 1003
 (c) City (d) Street No. 4590 Evans Ave. Registered No. 10701
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George Strehl.

(a) Residence, No. 4590 Evans Ave. St. 11
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jeanette Strehl.
 DATE OF MARRIAGE July 2 1886.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS 51 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. Bartender.
 9. Industry or business in which work was done, as 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) Kentucky.

13. NAME George Strehl.

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

15. MAIDEN NAME Minnie Blankenburg.

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

17. INFORMANT (ADDRESS) Jeanette Strehl.
4590 Evans Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Nov. 20, 1937

19. FUNERAL DIRECTOR (ADDRESS) J. J. Quinn.
1522 N Grand Blvd.

20. FILE NO. 466161 AON J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-18-1937

22. I HEREBY CERTIFY, That I attended deceased from July 19th, 1937, to Nov 18th, 1937
 I last saw him alive on Nov 18th, 1937. Death is said to have occurred on the date stated above, at 10 A.M.
 The principal cause of death and related causes of importance were as follows:

Acute Dilatation of Heart.

Other contributory causes of importance:
Ch. Myocarditis, acute nephritis, chronic

Name of operation Date of
 What test confirmed diagnosis? Chrom. fluidity 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 James A. Sullivan, M. D.
 (Signed) J. Bredeck (Address) 286 1/2 N. Union St.

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.

OCCUPATION Bartender
 FATHER
 MOTHER

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 _____
working under my personal supervision.

Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. 1591

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.)