

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

2715
 Do not use this space

1. PLACE OF DEATH

(a) County Gasconade Registration District No. 303
 (b) Township Roark Primary Registration District No. 5420 Registered No. _____
 (c) City _____ (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred 1 yrs. mos. ds. (f) How long in U. S., if of foreign birth? ✓ yrs. mos. ds.

2. PRINT FULL NAME OSWALD STRASSNER 362

(a) Residence, No. Gasconade Co St. (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 Emilie Strassner
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28-1865
 7. AGE YEARS 72 MONTHS 11 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) 4/3/38 11. Total time (years) spent in this occupation 50
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Herrmann Mo
 FATHER 13. NAME Jacob Strassner
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER 15. MAIDEN NAME Emma Reunberger
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT (ADDRESS) Mrs. O. Brinkman
Herrmann Mo RFD
 18. BURIAL, CREMATION, OR REMOVAL PLACE Herrmann City Cent DATE 1/31 38
 19. FUNERAL DIRECTOR (ADDRESS) Hugo H. Blumer
Herrmann Mo
 20. FILED 1-31 1938 Anna K. Riehoff
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 29 1938
 22. I HEREBY CERTIFY That I attended deceased from April 9 1937 to Jan. 29 1938
 I last saw him alive on Jan. 26 1938 Death is said to have occurred on the date stated above, at 1:4 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset 1936
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 Other contributory causes of importance:
Chronic nephritis 1936?
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? no
 If so, specify _____
 (Signed) J. H. Messling M. D.
274 (Address) Herrmann Mo

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.

RECEIVED

FEB 24 1938

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MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, Hugott Blumer, Licensed Embalmer No. 3160
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Hugott Blumer
..... L. E.
No. 3160 or by Registered Apprentice No.
working under my personal supervision.
Signed Hugott Blumer,
Licensed Embalmer No. 3160

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.)