FEB 16 1938

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

Do not use this space.

1. PLACE OF DEATH

County Saint Louis — Registration District No. 96 — File No. 4166

96 Township Carondelet — Primary Registration District No. — Registered No. 123

City ~~Jefferson Barracks~~ (No. Veterans Hosp. St. Ward)

2. FULL NAME George STRANTZ 365

(a) Residence, No. 2854 Indiana Avenue St., Ward. St. Louis, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Mary Strantz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 6, 1876

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
61	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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 --

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis Missouri 0

FATHER

13. NAME William Strantz 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 9

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Clinical Clerk M. Schilling VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cem DATE 1-19 1938

19. UNDERTAKER (ADDRESS) Witt Bros. Lt. Mo. THEODORE S. Jefferson Av.

20. FILED 1-18 1938 Deputy State Commissioner of Health. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 28, 1937, to January 16, 1938

I last saw him alive on January 16, 1938. Death is said to have occurred on the date stated above, at 4:40 P.

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

	Date of onset
Arterial sclerosis, generalized	Unkn.
59	

Other contributory causes of importance:

Myocardial insufficiency, Diabetes	Unkn.
Mellitus, Hemiplegia, right incident	Unkn.
to cerebral hemorrhage	Unkn.

Name of operation None Date of

What test confirmed diagnosis? Phy. clinical manif. and laboratory 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 C. W. Hughes

(Signed) C. W. HUGHES, Chief Med. Officer, M. D.

(Address) VAF Jefferson Barracks, Mo.

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

I - Paul A. Shanklin - Licensed Embal
hereby certify that body recorded on reverse side # 3
was embalmed by Paul A. Shanklin
#3472

Paul A. Shanklin
Mo. Lic. Emb. # 3472