

REC'D MAR 14 1938

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

5351

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003** Registered No. **1996**
 (c) City **St. Louis** (d) Street No. **Jewish 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Bertha B. Stracke, 362**

(a) Residence, No. **3809 Castleman Ave.** St. **17**
 (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) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Albert H. Stracke**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 29, 1884**

7. AGE YEARS **53** MONTHS **8** DAYS **24** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
 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) **St. Louis, Missouri**
 (STATE OR COUNTRY)

13. NAME **Hugo Becker**

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

15. MAIDEN NAME **Amelia Foster**

16. BIRTHPLACE (CITY OR TOWN) **Cincinnati**
 (STATE OR COUNTRY) **Ohio**

17. INFORMANT **Albert H. Stracke**
 (ADDRESS) **3809 Castleman Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellefontaine** DATE **Feb. 25, 1938**

19. FUNERAL DIRECTOR **Wagoner Undertaking Co.**
 (ADDRESS) **3621 Olive St.**

20. FILED **FEB 25 1938** 19 **J. Predeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2-23, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **2/23, 1938** to **2/23, 1938**

I last saw h. e. r. alive on **2/23, 1938**. Death is said

to have occurred on the date stated above, at **11 P. M.**

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

Uremia (cerebral edema) Date of onset **2/15/38**

Other contributory causes of importance:

Chr. empyema Non tubercular **7/23/36**

Name of operation **Therapeutic** Date of **10/20/37**
 What test confirmed diagnosis? Was there an autopsy? **Yes**

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) **Joseph Tansig** M. D.
 (Address) **4560 Olive St. St. L.**

STATEMENT BY LICENSED EMBALMER

I, Neville B. Frohwitter, Licensed Embalmer No. 3696

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Neville B. Frohwitter
Licensed Embalmer No. 3696.

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.)