

RECEIVED SEP 20 1938

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

28611  
Do not use this space.

1. PLACE OF DEATH

(a) County Chariton Registration District No. 175  
(b) Township Salisbury Primary Registration District No. #104 Registered No. 35  
(c) City Salisbury (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 yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
William Henry Striegel 3162  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 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 Elizabeth Striegel  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 8 - 1869  
7. AGE YEARS 77 MONTHS 8 DAYS 8 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. laborer  
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 \_\_\_\_\_

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16, 1938  
I HEREBY CERTIFY, That I attended deceased from July 10, 1938 to Aug 16, 1938  
I last saw him alive on Aug 16, 1938. 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:

Chronic arterio-sclerotic nephritis  
Chronic arterio-sclerotic myocarditis  
Generalized arterio-sclerosis  
Date of onset  
Other contributory causes of importance: None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

13. NAME Wm Striegel

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

15. MAIDEN NAME Caroline Oswald

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

17. INFORMANT Mrs. Henry Striegel (ADDRESS) Salisbury Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St Joseph Cem DATE 8-18-38

19. FUNERAL DIRECTOR Geo W Winkelmeier (ADDRESS) Salisbury Mo

20. FILED 8/16 1938 Geo Hartman Local Registrar.

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Labatory 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) F L Hain, M. D.  
(Address) Salisbury Mo

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

*Handwritten notes at top of page, possibly "H..."*

*Handwritten notes and dates, including "9/8/38" and "1850"*

RECEIVED  
District Health Officer No. 8  
District File Number  
Date Filed 9/8/38

STATEMENT BY LICENSED-EMBALMER

I, *Kirk R. Ankelmeyer*, Licensed Embalmer No. *3981*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by *me*

..... L. E. ....

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

Signed *Kirk R. Ankelmeyer*  
Licensed Embalmer No. *3981*

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