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.

DEC 12 1938

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

791

37329
Do not use this space.

1. PLACE OF DEATH

(a) County ..... 2 Registration District No. 1003

(b) Township ..... 1 Primary Registration District No. ..... Registered No. 9656

(c) City St. Louis (d) Street No. 2022 So.th. 11th. 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 365 Henry Strunk

(a) Residence, No. 2022 So. 11th. St. 23
(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 (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Annie Strunk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Abt 1864

7. AGE: Abt 74 YEARS; MONTHS: Unknown; DAYS; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Car repairer
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): St. Louis, Mo. 0

FATHER
13. NAME: Henry Strunk
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo. 0

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 9

17. INFORMANT (ADDRESS): Annie Strunk, 2022 So. 11th. St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Picker DATE 11/8/38, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Wm. C. Moydell, 1926 Allen, Ave.

20. FILED NOV 7 1938 J F Biedeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11/5/38, 19

22. I HEREBY CERTIFY, That I attended deceased from May, 1936, to Sept. 5, 1938
I last saw him alive on Sept 5, 1938. Death is said to have occurred on the date stated above, at 9 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis & arteriosclerosis	1936
Other contributory causes of importance: Chronic Parkinsonian Syndrome	6 yrs. ago

Name of operation none Date of
What test confirmed diagnosis? P.C. 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
(Signed) W. J. Watson, M. D.
(Address) 1040 Emmet

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Benj. C. Duncan

Licensed Embalmer No. 7272

P. O. Address 1921 Allen Ave

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

If this body is not embalmed, above space should be left blank.