DEC 12 1938

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

37478
Do not use this space.

1. PLACE OF DEATH
(a) County 2
(b) Township 1
(c) City .....
Registration District No. 791
Primary Registration District No. 1003
Registered No. 9805
(d) Street No. 2560 WARREN ST. 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 361 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ALBERT J. STRAUB
(a) Residence, No. 2560 WARREN ST St. 20
(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): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ROSAN STRAUB

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 25, 1866

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
71	11	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. COM. 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS, MO.

FATHER
13. NAME JOSEPH STRAUB
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER
15. MAIDEN NAME OTILLIA SCHMALCE
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT CATHERINE STRAUB
(ADDRESS) 2560 WARREN ST.

18. BURIAL, CREMATION, OR REMOVAL
PLACE CALVARY CEMETERY DATE NOV. 14, 1938

19. FUNERAL DIRECTOR Goodhart & Goodhart
(ADDRESS) 2228 N. Broadway

20. FILED NOV 13 1938 J. F. Bredeck
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1938, to Nov. 11, 1938
I last saw h. l. m. alive on Nov. 10, 1938. Death is said to have occurred on the date stated above, at 1:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma at cardiac orifice of stomach	?

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical 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) William H. Grundmann, M. D.
(Address) 2519 N. Jefferson Ave.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD
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.
I X12004

STATEMENT BY LICENSED EMBALMER

I, Charles Goodhart, Licensed Embalmer No. 2777

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Charles Goodhart

L. E.

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Charles Goodhart

Licensed Embalmer No. 2777

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.)