

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

37980

Do not use this space.

1. PLACE OF DEATH

(a) County..... 2 Registration District No..... 701
 (b) Township..... 1 Primary Registration District No..... 1003
 (c) ^{or} City..... St. Louis (d) Street No..... 3324 Blair Ave St. 26
 (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 Joseph Strinni Sr

(a) Residence, No. 3324 Blair Ave St. 26 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8 Th 1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
67	--	8	--	19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Labore
 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) Austria Hungary

FATHER 13. NAME Fabian Strinni

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria Hungary

MOTHER 15. MAIDEN NAME Mary Tashler

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria Hungary

17. INFORMANT (ADDRESS) Joseph Strinni
3921 Blair Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Nov 30 Th '38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Edward J. Coch
3516 W. 14 St.

20. FILED NOV 29 1938 J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 27th 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24th 1938, to Nov. 27th 1938

I last saw him alive on Nov. 25, 1938. Death is said to have occurred on the date stated above, at 7¹⁵ p.m.

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

Cancer of Spleen
(carcinoma)

Chm Myocarditis

3mm

Name of operation none Date of no
 What test confirmed diagnosis? (Mass) 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) Alvin Red Taylor, M. D.
 (Address) 4244 W. Flourish

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.....

B. W. Finis

Licensed Embalmer No. *1591*

P. O. Address *4106th S. Botanic*

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.)

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