

AN - 4 1939 FEB 7 1939

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

3897  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784  
(b) Township University City Primary Registration District No. 115  
(c) City University City (d) Street No. 7298 Greenway Registered No. 17  
(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 Anna D. Stranghoener.

(a) Residence, No. 7298 Greenway St.  (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 Female 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 Herman H. Stranghoener

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8<sup>th</sup> 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 6 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework  
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 Not known

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER 15. MAIDEN NAME Not known

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Mr. Louis L. Stranghoener  
7298 Greenway

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Jan. 6th 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Henry Leidner Und.  
1417 N. Market Street.

20. FILE JAN - 4 1939  
J. D. Meyer M.D.  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3, 1939

22. I HEREBY CERTIFY, that I attended deceased from Dec 1, 1938, to January 3, 1939

I last saw her alive on Jan 2, 1939. Death is said to have occurred on the date stated above, at 1:25 P.M.  
The principal cause of death and related causes of importance were as follows:

myocarditis  
chronic

Date of onset

Other contributory causes of importance:  
age and infirmities

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) Joseph H. Hill, M. D.

(Address) 3636 Robert

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.

**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.....

*John P. Buchholz*

Licensed Embalmer No. *1674*

P. O. Address. *2223 St. Louis Ave*

**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.**