

1939 JUL 12 1939

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

791  
1008  
20167  
Do not use this space.  
5011

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. ....  
(c) City St. Louis ..... (d) Street No. St. Anthony's Hospital ..... 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

(a) Residence, No. 2854 S. 18th St. St. 24  
(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 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 Harry Blaetz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
73 11 23

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
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) St. Louis,  
(STATE OR COUNTRY) Missouri

FATHER  
13. NAME Carl Strudell

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

MOTHER  
15. MAIDEN NAME Martha Ochs

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

17. INFORMANT (ADDRESS) Mrs. Gussie Peter  
2854 S. 18th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Old St. Marcus Cm. DATE 6/3/39

19. FUNERAL DIRECTOR (NAME) Woick Bros. Und. Co  
(ADDRESS) 2201 S. Grand Bl.

20. FILED J. F. Beck  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 16th 1937 to June 1st 1939  
I last saw h.e. alive on May 31st 1939. Death is said to have occurred on the date stated above, at 9 A.m.  
The principal cause of death and related causes of importance were as follows:

Tubererculous (both lungs)  
1865  
Other contributory causes of importance:  
Cerebral Apoplexy  
Fracture of left pubic bone  
Date of onset May 26  
May 12  
May 22

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 5-12-39  
Where did injury occur? West Baden Ill  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home  
Manner of injury fell to floor  
Nature of injury fracture of left pubic bone

24. Was disease or injury in any way related to occupation of deceased? Yes  
If so, specify: Walter A. Sumner, M. D.  
(Signed) 5005 1/2 Division  
(Address)

WRITE PLAINLY, WITH UNFADING 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 X16605

Dr. Walter Flann  
J. F. Leathem  
W. J. Leathem

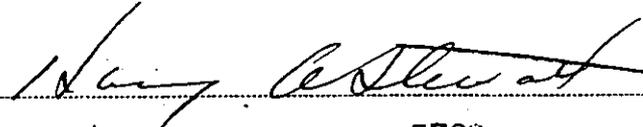
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**STATEMENT BY LICENSED EMBALMER**

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



Licensed Embalmer No. 3722

P. O. Address 412 Dushouquette St

**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.