APR 12 1940

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

10908
Do not use this space.

1. PLACE OF DEATH

(a) County Gasconade — Registration District No. 303

(b) Township — Primary Registration District No. 4182 — Registered No.

(c) or City Hermann — (d) Street No. ..... 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 78 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 362 JOHANNA STRECKER

(a) Residence, No. Hermann, Missouri St. ☐
(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: Julius Strecker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 26, 1862

7. AGE: YEARS 78 — MONTHS 0 — DAYS 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Hwf
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): 12/39
11. Total time (years) spent in this occupation: 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hermann, Missouri 0

FATHER
13. NAME: Albert Bock
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 6

MOTHER
15. MAIDEN NAME: Henryetta Bock
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 6

17. INFORMANT (ADDRESS): Ottmar Strecker, Hermann, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Hermann City Cem. DATE: 4/1/40, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Hugo H. Blumer, Hermann, Missouri

20. FILED April 1 1940 Anna K. Rickhoff, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 30, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5th, 1940, to March 30, 1940.
I last saw her alive on Mch 29, 1940. Death is said to have occurred on the date stated above, at 4 P.M. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	1939
92 W	

Other contributory causes of importance:

Name of operation: None — Date of
What test confirmed diagnosis? Physicians — 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? No
If so, specify
(Signed) F. H. Laughlin, M. D.
(Address) Hermann Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-9-19-38 I X16605

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. 3160

P. O. Address hermann, missouri

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.