

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39130

State File No. 39130

Registrar's No. 10250

FILED DEC 9 1946  
318

Registration District No.

Primary Registration District No.

1003

## 1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
 (b) City or town St. Louis, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Carrie Ellis Gietner Home 4  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME Ida Strohmeier3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow 2  
 6. (b) Name of husband or wife Late John J. 6. (c) Age of husband or wife If alive \_\_\_\_\_ years  
 7. Birth date of deceased Jan. 29 1868  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 10 0 hr. \_\_\_\_\_ min.

9. Birthplace Fort Madison Iowa  
(City, town, or county) (State or foreign country)10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown Koebel  
 13. Birthplace Germany 4  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Germany 4  
 (City, town, or county) (State or foreign country)

16. (a) Informant Fred W. Strohmeier  
 (b) Address 3958a Wilmington Ave.  
 17. (a) Burial (b) Date thereof 12 2 46  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Old SS Peter & Paul Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.  
 (b) Address 4228 So. Kingshighway Bl.

19. DEC 1 1946 (b) J. P. Bredbeck  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Car  
 (c) City or town St. Louis 1617  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3109 Cherokee St. 3  
 (If rural, give location) 3  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29th  
 year 1946 hour 7:05 minute A. M.

21. I hereby certify that I attended the deceased from approx 27  
1946 to Nov 29 1946  
 that I last saw him or alive on Nov. 29 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death

Acute Lobar Pneumonia 7 Days 0  
 Due to mitral regurgitation ?

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature C. Herckmader (M. D. or other) \_\_\_\_\_  
 Address 5000 S. P. Way Date signed 11/30/46

