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.

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

Do not use this space.

6614

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 1559

City St Louis (No. 2609 Gurney Court St. ..... Ward)

2. FULL NAME Jacob Strubel

(a) Residence. No. ..... St., 16 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 28 1865

7. AGE: Years 62 | Months 1 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Cigar Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Ills.

PARENTS

10. NAME OF FATHER: Jacob Strubel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany.
12. MAIDEN NAME OF MOTHER: Frederika Hahn
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany.

14. INFORMANT: Mrs Bertha Strubel
(Address) 2609 Gurney Court

15. FILED FEB 11 1928 19 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 2/9 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 5 1927, to Feb. 9th 1928 that I last saw him alive on Feb. 9th 1928, and that death occurred, on the date stated above, at 7 45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

108 Chronic Nephritis
131 101 a

(duration) 1 yrs. 1 mos. 3 ds.

CONTRIBUTORY (SECONDARY): Lobar Pneumonia

(duration) ..... yrs. ..... mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Jno. C. Lebrecht, M. D

2-10-, 1928 (Address) 3116 S. Grand

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary

DATE OF BURIAL: 2-13 1928

20. UNDERTAKER: Arthur J Donnelly

ADDRESS: 2039 Washd

Dr. Lebrecht
3116 S. Brand a
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