

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

Do not use this space.

11078

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis, Mo.**

(No. **3615 Oregon Ave.**)

File No.

Registered No. **2906**

St. Ward)

2. FULL NAME

Caroline Struessel

(a) Residence. No. **3615 Oregon Ave.** St. **24** 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female White Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **April 21-1845**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
82		10	23	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **at home**

(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) **Germany**

10. NAME OF FATHER **Not known**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

12. MAIDEN NAME OF MOTHER **Not known**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

14. INFORMANT (Address) **Paul Struessel 3615 Oregon Ave.**

15. FILED **1-1-1928** **May C. Starkey** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **March 14-1928**

17. I HEREBY CERTIFY, That I attended deceased from **2** Jan 28, 1928, to **March 14**, 1928, that I last saw her alive on **14 March**, 1928, and that death occurred, on the date stated above, at **1:45 a.m.**

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic Bright's Disease
131

129 (duration) yrs. **3** mos. **17** da.
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

3/14 (Signed) **Edmund Reiter**, M. D.
1928 (Address) **7310 Michigan Ave**

*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 DATE OF BURIAL
St. Trinity Lutheran Ch. **3-16-1928**

20. UNDERTAKER ADDRESS
Ziegenhain Bros. 2623 Cherokee St.

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.

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