

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

Do not use this space.

23693

**1. PLACE OF DEATH**

County..... Registration District No. **798**  
 Township..... Primary Registration District No. **1008**  
 City St. Louis Mo. No. Sanitarium St. .... Ward

File No. ....  
 Registered No. **7213**

**2. FULL NAME**

Leo Stremban  
 (a) Residence, No. 3925 Lucky St. 13 Ward.  
 (Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. 7 mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

**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 Mamie Stremban

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
42 11 - 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Heat Maker  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Heat Factory  
 10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation. Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Pugh Hayes (ADDRESS) 540 Arundel St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cemetery DATE July 5, 1931

19. UNDERTAKER Bedard - Williams (ADDRESS) 1128 N. 6 St.

20. FILED JUN 30 1931 W. E. Starnes Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/28/1931

22. I HEREBY CERTIFY, That I attended deceased from 6/26, 1931, to 6/28, 1931.

I last saw him alive on 6/27, 1931. Death is said to have occurred on the date stated above, at 5:50 A.M.

The principal cause of death and related causes of importance were as follows:

General Paralysis of Insane Date of onset 6/19/26

Other contributory causes of importance: Syphilis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Laboratory 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?  
 If so, specify \_\_\_\_\_  
 (Signed) Pugh Hayes, M. D.  
 (Address) 540 Arundel 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.

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

