

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

Do not use this space.

8147

1. PLACE OF DEATH

County Cape Girardeau Mo. Registration District No. 175
Township W. 2. S. 2. R. 1. E. 1. S. Primary Registration District No. 5178
City St. Pierre (No. 1) St. Pierre Rd. St. _____ Ward _____

File No. _____
Registered No. 71
St. _____ Ward _____

2. FULL NAME

Mrs. Anna Strack
(a) Residence, No. R. 3. D. # 3 St. _____ 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 Female 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 Mr. Anton Strack

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-1-1871

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>62</u>	<u>6</u>	<u>12</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Dandol Township
(STATE OR COUNTRY) Missouri

13. NAME Christian Lewis

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

15. MAIDEN NAME Minnie Prebbe

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

17. INFORMANT M. Anton Strack
(ADDRESS) R. 3. D. # 3

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hanover Cemetery DATE March 15, 1934

19. UNDERTAKER W. A. Scherer
(ADDRESS) 536 Broadway

20. FILED 3/15/34 W. A. Scherer
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1934, to March 13, 1934

I last saw her alive on March 13, 1934. Death is said to have occurred on the date stated above, at 8:15 P. m.

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

Lobar Pneumonia 3-8-1934 Date of onset

108
57B

Other contributory causes of importance:
Chronic Rheumatism 1925

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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) W. A. Scherer, M. D.
(Address) Cape Girardeau Mo.

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.

25 1934

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