

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

Do not use this space.

24607 ✓

JUL 14 1936

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1008**
 City: **St. Louis, Mo** (No. **De Paul Hospital**)

File No.
 Registered No. **6228**
 St. Ward)

2. FULL NAME

William T. Straub
 (a) Residence, No. **3047 Rella Place** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **20 yrs. 7 mos. 23 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 26 1915		
7. AGE	YEARS	MONTHS
	20	7
		23
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student		
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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 18 1936**

I HEREBY CERTIFY, That I attended deceased from **May 29 1936** to **June 18 1936**
 I last saw him alive on **June 18 1936** Death is said to have occurred on the date stated above, at **5:20 A.M.**

The principal cause of death and related causes of importance were as follows:
Non-specific granuloma of terminal ileum, Date of onset June 1
General peritonitis

Other contributory causes of importance: **55e**

Name of operation **Removal of granuloma** Date of **June 10**
 What test confirmed diagnosis? **Pathology** 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) **JCP 9th Ward**, M. D.
 (Address) **431e 2 W. Ave**

MOTHER / FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo
	13. NAME Louis Straub
MOTHER / FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
	15. MAIDEN NAME Mary Burke
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo
17. INFORMANT (ADDRESS) Louis Straub 3047 Rella Place	
18. BURIAL, CREMATION, OR REMOVAL PLACE: Valhalla DATE: June 20 1936	
19. UNDERTAKER (ADDRESS) Kramer - Ross 440 1/2 N. Kingshighway	
20. FILED JUN 19 1936 J. F. Bredek Registrar.	

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

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1. PLACE OF DEATH

County.....

Township.....

City.....

Registration District No. 791

Primary Registration District No. 1003

(No. St. Paul Hosp)

File No.

Registered No. 6228

St. Ward)

2. FULL NAME

(a) Residence, No. William J. Straub Ward.

(Usual place of abode) 3047 Rolla Place (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 2

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>20</u>	<u>1</u>	<u>23</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 7-20-36 J. D. Predeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18 1936

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... 19...

I last saw h... alive on... 19... Death is said to have occurred on the date stated above, at... m.

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

Non Specific Granuloma of terminal ileum Date of onset

Non Malignant

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? 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) J. P. Wilson Wilson, M. D. (Address) 4362 Warne

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