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

Do not use this space.

JUL 8 - 1937

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 21967

Township ..... Primary Registration District No. ..... Registered No. 5719

City St. Louis (No. Deaconess Hospital St. ..... Ward)

2. FULL NAME Thelma V. Struempler

(a) Residence, No. 6723 Marmaduke Ave. St., 3 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 23, 1900

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	36	7	17	

OCCUPATION

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

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

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

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

FATHER

13. NAME John Struempler

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

MOTHER

15. MAIDEN NAME Emma Kunkel

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

17. INFORMANT (ADDRESS) John Struempler 6723 Marmaduke Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethany Cem. DATE 6-11 1937

19. UNDERTAKER (ADDRESS) Kriegshauser Mortuaries 4228 So. Kingshighway

20. FILED JUN 10 1937 19 J. F. Bridick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9th, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1937, to June 9, 1937

I last saw her alive on June 9, 1937. Death is said to have occurred on the date stated above, at 3:52 m. A.M.

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

Aneurysm of the Internal Carotid Artery. Duration - 5 weeks.

Date of onset

Other contributory causes of importance:

Unknown.

Name of operation none Date of —

What test confirmed diagnosis? Pathological findings Was there an autopsy? yes

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) A. L. Hertel, M. D.

(Address) 3606 Grover Ave.

Dr Hertel
3606 Granaio
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