

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

Do not use this space.

1. PLACE OF DEATH **8-1937**

County .....

Registration District No. **791**

File No. **22430**

Township .....

Primary Registration District No. **1003**

Registered No. **6182**

City **St. Louis** (No. **Lutheran**)

St. .... Ward

St. .... Ward

2. FULL NAME **August Strnadl**

(a) Residence, No. **2119<sup>1/2</sup> Sidney** St. **23** Ward. (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 **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 **Julia Strnadl**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec 28 1893**

| 7. AGE | YEARS     | MONTHS   | DAYS      | IF LESS than 1 day, .....hrs. or .....min. |
|--------|-----------|----------|-----------|--|
|        | <b>63</b> | <b>5</b> | <b>26</b> |  |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Beer-Bottler**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Anheuser-Busch**

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) **Austria**

13. NAME **Joseph Strnadl**

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

15. MAIDEN NAME **Jesefa Unknown**

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

17. INFORMANT **Julia Strnadl** (ADDRESS) **2113<sup>1/2</sup> Sidney**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sunset Bur Pl.** DATE **6-28-37**

19. UNDERTAKER **Witt Bro. & Co.** (ADDRESS) **2425 Jefferson**

20. **JUN 26 1937** 19 **J. B. Bedeck** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 24, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **June 21, 1937** to **June 24, 1937**

I last saw him live on **June 20, 1937** Death is said to have occurred on the date stated above, at **5 p. m.**

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

**Perforated Gastric Ulcer** Date of onset **11/21**

Other contributory causes of importance: **Chronic Nephritis**

Name of operation **Repair of Perforated Ulcer** Date of operation .....

What test confirmed diagnosis? **Operation** Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? .....

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 **Otto Haver**

(Signed) **Otto Haver** M. D.

(Address) **3157<sup>1/2</sup> Park**

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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