Ex 5970

SEP 10 1937

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

Do not use this space.

28631

1. PLACE OF DEATH

County 2 Registration District No. 791

Township 1 Primary Registration District No. 1003

City St. Louis (No. 922 S. A Cannan Ave. St. Ward)

File No.

Registered No. 7314

2. FULL NAME Hulda Strathmann

(a) Residence, No. 922 S. A Cannan Ave St., 8 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 yrs. 5 mos. 4 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 Henry Strathmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 26-1892

7. AGE: Years 44 Months 5 Days 4 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

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) St. Louis Mo.

FATHER

13. NAME Charles Oberjuerge

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

MOTHER

15. MAIDEN NAME Wilhamia Fasholtz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT (ADDRESS) Henry Stratmann 922 S A Cannon Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethlehem Cem. DATE Aug. 2 1937

19. UNDERTAKER (ADDRESS) Diedrich Funeral Home 8519 Holly Hills Ave.

20. FILED AUG 2 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/14 1937 to 7/30 1937, I last saw her alive on 7/30/37, 19.... Death is said to have occurred on the date stated above, at 3:50 p.m.

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

	Date of onset
Carcinoma of Breast (Operation upon)	2 years ago

Other contributory causes of importance: 50

Name of operation amputation left Breast Date of 4-30-37

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) J. T. Chotzen, M. D.

(Address) 8321 W Bdway

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.