

DEC 13 1937

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

39792
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **3800 Humphrey St.** Registered No. **10779**
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Bertha Strubel**

(a) Residence, No. **3800 Humphrey St.** St. **16**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Late William Strubel**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 16, 1862**
7. AGE YEARS **75** MONTHS **2** DAYS **4** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. **Housewife**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Alton** (STATE OR COUNTRY) **Illinois**

13. NAME **Samuel Wyss**

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

15. MAIDEN NAME **Caroline Dietz**

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

17. INFORMANT **Alois W. Strubel** (ADDRESS) **3800 Humphrey St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **ALTON ILLINOIS** DATE **11-23**, 19**37**

19. FUNERAL DIRECTOR **Kriegshauser Mortuaries** (ADDRESS) **4228 So. Kingshighway**

20. FILED **NOV 22 1937** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **November 20, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Nov. 18**, 19....., to **Nov. 20**, 19**37**
I last saw h. **ev** alive on **Nov. 20**, 19**37**. Death is said to have occurred on the date stated above, at **6:45 P.M.**
The principal cause of death and related causes of importance were as follows:

Coronary infarct 1 hour
arterio-sclerosis 3 yrs.
Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? **clinical** 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) **P. Prueh**, M. D. (Address) **3147 S. Jeff. Ave**

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.

899

Mr. Dieblauer
3147 St. Jefferson
1-3

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed *Cedura M. Derwent*

Licensed Embalmer No. 3024

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)