DEC'D APR 11 1938

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

Do not use this space.

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1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 2962

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

City St. Louis Mo. (No. 5026 Alaska Ave. St. ..... Ward)

2. FULL NAME Roman R Stranz. 365

(a) Residence, No. 5026 Alaska Ave. St., ... Ward. 15 (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? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 9. 1876.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
61	4	19	

OCCUPATION

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

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

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) Poland 7

FATHER

13. NAME Teofil Stranz 7

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland 7

MOTHER

15. MAIDEN NAME Prsxeda Palaszintka

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

17. INFORMANT (ADDRESS) Caroline Stranz 5026 Alaska Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New S.S.Peter & Paul DATE Mar. 31. 38

19. UNDERTAKER (ADDRESS) Thorkutis 2906 Gravois Ave.

20. FILED MAR 29 1938 19 J. F. Bredick Registrar.

MEDICAL CERTIFICATE OF DEATH

NO PHYSICIAN IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/28/38 .19

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

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:00 A.M. m.

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

	Date of onset
Angina Pectoris.	
Arteriosclerosis.	

Other contributory causes of importance:

Name of operation ..... Date of .....

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) Joseph M. Quinn, M.D.

(Address) Deputy Coroner

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.

EMBALMED BY THOS.KUTIS.

L.E. 1619

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