

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

16682
Do not use this space.

REC'D JUN 9 1938

1. PLACE OF DEATH
 (a) County 1 Registration District No.
 (b) Township Primary Registration District No.
 (c) City ST. LOUIS (d) Street No. 5224 MAFFITT St.
 (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 EUPHEMIA STRECK 362
 (a) Residence, No. 5224 MAFFITT St. 6 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF THOMAS J. STRECK
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 19 1851
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86. 11 28
 OCCUPATION 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) (STATE OR COUNTRY) LOUISIANA 1
 FATHER 13. NAME BENJAMIN POIRRIER 2
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CANADA 2
 MOTHER 15. MAIDEN NAME UNKNOWN
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CANADA
 17. INFORMANT (ADDRESS) MRS. A.S. LITTLE
5224 MAFFITT AVE
 18. BURIAL, CREMATION, OR REMOVAL PLACE Partlow DATE May 19 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) L.M. MULLEN
5165 DELMAR BLVD
 20. FILED MAY 18 1938 J.P. Buehler Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17 1938
 22. I HEREBY CERTIFY, That I attended deceased from May 17 1938 to May 17 1938
 I last saw her alive on May 17 1938. Death is said to have occurred on the date stated above, at 5:45 am.
 The principal cause of death and related causes of importance were as follows:
Mitral stenosis
 Date of onset
 Other contributory causes of importance: Gastritis
 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) J. M. Black M. D.
 (Address) 1001 Union

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.