

REC'D SEP 12 1938

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

26812

Do not use this space.

791

1003

6826

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. De Paul Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 88 yrs. mos. ds.

2. PRINT FULL NAME Theresa Struckel 362

(a) Residence, No. 4021 Lexington St. 10 (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 5 7

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. House-wife
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 Valentine Ule

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

15. MAIDEN NAME Oshaben

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

17. INFORMANT Theresa Struckel
(ADDRESS) 4021 Lexington

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 8/2/38

19. FUNERAL DIRECTOR (NAME) W.A. Stock Und. Co.
(ADDRESS) 2117 E. Grand

20. FILED AUG 1 1938

J. B. Bruckel
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29 1938

22. I HEREBY CERTIFY, That I attended deceased from July 29th 1938 to July 29th 1938, 1938
I last saw h. or alive on July 29th 1938. Death is said to have occurred on the date stated above, at 11:05 P.M.
The principal cause of death and related causes of importance were as follows:

Diabetes mellitus ?

Other contributory causes of importance:
General Arterio Sclerosis ?
Chronic Myocarditis ?

Name of operation Blood Sugar 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 Thomas Ryan M.D.

(Signed) Thomas Ryan (Address) 2243 N Grand

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

Frank A. Moore

Licensed Embalmer No.....

3041

P.O. Address

2117 E. Grand

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.