

REC'D OCT 12 1938

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

30645  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791  
 (b) Township 1 Primary Registration District No. 1003 Registered No. 8082  
 (c) City St. Louis (d) Street No. En Route to Alexian Bros. Hospital St. 362  
 (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 17 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Christ Struckmeyer

(a) Residence, No. 1624 Carroll St. 23  
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Husband of Mada Struckmeyer (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 21, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
65 9 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman  
 9. Industry or business in which work was done, as saw mill, bank, etc. Bakery  
 10. Date deceased last worked at this occupation (month and year) Oct. 1938 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) Foyleton 1  
 (STATE OR COUNTRY) Illinois 6

FATHER 13. NAME Christ Struckmeyer 6

14. BIRTHPLACE (CITY OR TOWN) Unknown 6  
 (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Charlotte Reinhardt

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

17. INFORMANT Mrs. Mada Struckmeyer  
 (ADDRESS) 1624 Carroll

18. BURIAL, CREMATION, OR REMOVAL PLACE New Pickers DATE Sept. 13, 1938

19. FUNERAL DIRECTOR Suedmeyer & Sons  
 (ADDRESS) 3934 N. 20th St.

20. FILED J. F. Brubaker  
 (Address) Local Registrar.

EMERALD MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-11-1938

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 2:30 p.m.

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

Arteriosclerosis of Liver (Laennec's type)  
with effusions  
Chronic Parenchymatous Nephritis

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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) W. H. Perry, M.D.

(Address) W. H. Perry, M.D.

SEP 12 1938

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, Geo. P. Schubert,

Licensed Embalmer No. 2212

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

Myself

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_  
working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed Geo. P. Schubert.

Licensed Embalmer No. 2212

**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.)**