

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

30763
Do not use this space.

REC'D OCT 12 1938

1. PLACE OF DEATH
 (a) County _____ Registration District No. **791**
 (b) Township _____ Primary Registration District No. **1003**
 (c) City **Saint Louis, Missouri.** (d) Street No. **Lutheran 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Bertha B. Streiff.** **361**
 (a) Residence, No. **2924 Louisiana Ave.** St. **16** (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) **Widowed.**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Emil Streiff.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **January 2nd, 1868.**

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
70.	8	14	

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

12. BIRTHPLACE (CITY OR TOWN) **Saint Louis,** (STATE OR COUNTRY) **Missouri.**

FATHER 13. NAME **Adam Erder**
 14. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Unknown**
 16. BIRTHPLACE (CITY OR TOWN) **Saint Louis,** (STATE OR COUNTRY) **Missouri.**

17. INFORMANT **Hugo M. Streiff.** (ADDRESS) **2924 Louisiana Ave.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **September 16th 1938.**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 10 1938, to Sept 16 1938**
 I last saw her alive on **Sept 16 1938** Death is said to have occurred on the date stated above, at **8:05 A.M.**
 The principal cause of death and related causes of importance were as follows:
Acute Peritonitis
Strangulated Hernia (Ovarian)
191
 Other contributory causes of importance **Heat Exhaustion, Heat Stroke**
 Name of operation **Herniotomy** Date of **9/16/38**
 What test confirmed diagnosis? **Ureay** 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. H. A. Anderson**, M. D.
 (Address) **3403 Pershing St.**

20. FILED **SEP 17 1938** **J. T. Bredeck** Local Registrar. **9/17/38**

STATEMENT BY LICENSED EMBALMER

I, **Vearl E. Morris.** Licensed Embalmer No. **3360.**

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 *V E Morris*

Licensed Embalmer No. **3360**

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.)