

REC'D MAR 13 1939

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

5138
Do not use this space.

1829

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City or **ST. LOUIS MO.** (d) Street No. **3210 PARK AV.** 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

FRANCIS X. STRAUSS
(a) Residence, No. **3210 PARK AV.** St. **17** (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 **MALE** 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 **LEUESA STRAUSS**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **5-21-1855**
7. AGE YEARS **83** MONTHS **9** DAYS **3** If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **RETIRED**
9. Industry or business in which work was done, as saw mill, bank, etc. **CIGAR MAKER**
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) **GERMANY**
13. NAME **MELCAN STRAUSS**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GERMANY**
15. MAIDEN NAME **GERTRUDE UNK**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GERMANY**
17. INFORMANT (ADDRESS) **LEUESA STRAUSS**
3210 Park Av.
18. BURIAL, CREMATION, OR REMOVAL PLACE **ST. MATTHEWS** DATE **FEB. 27, 1939**
19. FUNERAL DIRECTOR (NAME) (ADDRESS) **E. J. Schum**
3125 Lafayette Av.
20. FILED **FEB 26 1939** **J. B. Brueck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **FEB. 24, 1939**
22. I HEREBY CERTIFY, That I attended deceased from **FEB 21, 1939**, to **FEB 24, 1939**
I last saw him alive on **2/24, 1939**. Death is said to have occurred on the date stated above, at **6:10 p.m.**
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Other contributory causes of importance:
Chronic Nephritis
Hypertension
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....
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?
If so, specify
(Signed) **Otho C. Hansen** M. D.
(Address) **315 7th Park Ave**

(Licensed Embalmer's Statement on Reverse Side)

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

Jon B. Wallmer

Licensed Embalmer No. *4014*

P. O. Address *325 Lafayette ave*

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.