

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

REC'D JUN 12 1939

16508
Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City..... St. Louis (d) Street No. 2703 Arsenal St. 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.

791
1003

Registered No. 4042

2. PRINT FULL NAME

(a) Residence, No. 2703 Arsenal St. St. 24
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Use the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
66 9 11

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. At home
 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) St. Louis Missouri

FATHER 13. NAME George Strebler

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER 15. MAIDEN NAME Not known

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Otto Dietz 2703 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope Cemetery May 2, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John L. Ziegenhein-Sol 7027 Gravois Ave.

20. FILED MAY 2 1939 J. B. Dietz Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30, 1939

22. HEREBY CERTIFY, That I attended deceased from Dec 11, 1938, to April 30, 1939
 I last saw her alive on April 30, 1939. Death is said to have occurred on the date stated above, at 2:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis & hypertension
121
 Other contributory causes of importance: Coro. vascular. Anal Syndrome
 Date of onset Several years.

Name of operation _____ Date of _____
 What test confirmed diagnosis? O.E. 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?
 If so, specify _____
 (Signed) Prof. J. B. Dietz M. D.
 (Address) 3804 W. Livingston Ave.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

REPRODUCED FROM THE MISSOURI STATE BOARD OF HEALTH

50M-9-1938 I X1603

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 Clarence P Kidwell

Licensed Embalmer No. 3877

P. O. Address 6937a Travis

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.