

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

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Registered No. **167**

1. PLACE OF DEATH *261* **213**
(a) County *Cole* Registration District No. *213*
(b) Township *Jefferson* Primary Registration District No. *3014*
(c) City *Jefferson City, Mo.* (d) Street No. _____ 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 *361* **1** *STRAYE*
(a) Residence, No. *708 Maple St.* St.
(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** *married*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Ada Strave*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 22 - 1894*
7. AGE YEARS *44* MONTHS *8* DAYS *24* If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Laborer*
9. Industry or business in which work was done, as saw mill, bank, etc. *Shoe worker*
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) *Babbtown Mississippi*
FATHER
13. NAME *Henry Strave*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*
MOTHER
15. MAIDEN NAME *Bertha Schmidt*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*
17. INFORMANT (ADDRESS) *Ada Strave, wife, 704 Maple Ave, Jefferson City*
18. BURIAL, CREMATION, OR REMOVAL PLACE *National Cemetery 7/18/39*
19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Wagner Lewis, Jefferson City, Mo.*
20. FILED *8/17/39* 19 *S. V. Bedford, M. D.* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 16, 1939*
22. I HEREBY CERTIFY, That I attended deceased from *Coronary Case*, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at *8:30* m.
The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis
(He was found dead out in the pasture)
Other contributory causes of importance: *none*
Name of operation _____ Date of _____
What test confirmed diagnosis? *none* 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) *Frank J. Nichols, M. D.*
MaKane (Address)

Date of onset

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,

D. M. Davis

, or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

D. M. Davis

Licensed Embalmer No.

3741

P. O. Address

Jefferson city

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.