

NOV 13 1939

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

34265
Do not use this space.

1. PLACE OF DEATH

(a) County 3 Registration District No. 791
(b) Township 1 Primary Registration District No. 1003 Registered No. 8803
(c) City St. Louis (d) Street No. 5861 Cates 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

Solomon C. Strauss 362
(a) Residence, No. 1368 Goodfellow St. 6 (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 Minnie Strauss
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 11, 1877
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 9 4
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as saw mill, bank, etc. No War Veteran
10. Date deceased last worked at this occupation (month and year) No Social Security
11. Total time (years) in this occupation

12. BIRTHPLACE (CITY OR TOWN) Darmstadt (STATE OR COUNTRY) Germany 6

FATHER 13. NAME Leopold Strauss 6

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

MOTHER 15. MAIDEN NAME Adele (unk)

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

17. INFORMANT (ADDRESS) Jos. Strauss 1342a Temple

18. BURIAL, CREMATION, OR REMOVAL PLACE Bnai Amoona DATE 10/17/39

19. FUNERAL DIRECTOR (ADDRESS) H. B. Berger 4715 McPherson

20. F OCT 16 1939 J. F. Breda Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 15 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 1938 to Oct 15 1939
I last saw him alive on Oct 15 1939. Death is said to have occurred on the date stated above, at 8:40 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset 1937

Other contributory causes of importance:

Name of operation none Date of no
What test confirmed diagnosis? clinical 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) Joseph Magidom, M. D.
(Address) 520 Westgate

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.

STATEMENT BY LICENSED EMBALMER

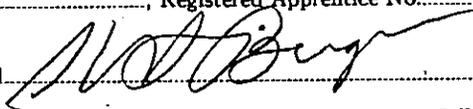
I, H.I. Berger, Licensed Embalmer No. 1597

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

L. E.

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

Signed



Licensed Embalmer No. 1597

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.)

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