

NOV 24 1935

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

36706
Do not use this space.

1. PLACE OF DEATH

(a) County Moniteau Registration District No. 571
(b) Township Waller Primary Registration District No. 4335
(c) City California (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Louisa Katherine Strickfaden
(a) Residence, No. California, Mo. 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 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 Chas Strickfaden
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 30, 1880
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 58 9 22
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.
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) Moniteau Co, Mo.

FATHER 13. NAME Jake Weingartner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau Co, Mo.

MOTHER 15. MAIDEN NAME Bertude Fischer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau Co, Mo.

17. INFORMANT Carl Strickfaden (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic Cemetery DATE 10-25 1935

19. FUNERAL DIRECTOR (NAME) J. W. Wilson & Son (ADDRESS) California, Mo.

20. FILED 10-24- 1935 A. R. Popowicz Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/23 1939

22. I HEREBY CERTIFY, That I attended deceased from 8/31 1939, to 10/22 1939
I last saw h. alive on 10/29 1939. Death is said to have occurred on the date stated above, at 10 p.m.
The principal cause of death and related causes of importance were as follows:

Intro. Cranial Cerebrum Carcinomatous arising from left ovary.

Date of onset 1/22, 39
8/31, 39

Other contributory causes of importance: H9

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) J. B. Burke Jr. M.D.
(Address) California, Mo.

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.

1 X18605

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 A. E. Wilson

Licensed Embalmer No. 2351

P. O. Address California, Mo.

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.