

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

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

Do not use this space.

39541

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis Mo. (No. 4276 Holly Ave.)

Registration District No. 791  
1008  
Primary Registration District No. ....

File No.....  
Registered No. 11734.....  
St. .... Ward)

**2. FULL NAME** Fredericka Strattmann

(a) Residence, No. 4276 Holly Ave. St., 10 Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds., How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 17 - 1842</u>				
7. AGE	YEARS <u>88</u>	MONTHS <u>11</u>	DAYS <u>4</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework.</u>			
	9. Industry or business in which work was done, as silk mill, 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) <u>Germany.</u>				
FATHER	13. NAME <u>Herman Kemme</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany.</u>			
MOTHER	15. MAIDEN NAME <u>Catherine E. Logemeier</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany.</u>			
17. INFORMANT (ADDRESS) <u>William F. Strattmann</u> <u>4276 Holly Ave.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. John Park</u> DATE <u>Nov. 24</u> 19 <u>31</u>				
19. UNDERTAKER (ADDRESS) <u>Wm. Leidner, 1117 N. Market St.</u>				
20. FILED <u>Nov 27 1931</u> <u>Wm. C. Parker</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Nov. 21</u> 19 <u>31</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>July 1</u> 19 <u>31</u> , to <u>Nov 21</u> 19 <u>31</u>	
I last saw h. <u>at</u> alive on <u>Nov 21</u> 19 <u>31</u> . Death is said to have occurred on the date stated above, at <u>4:20 P. m.</u>	
The principal cause of death and related causes of importance were as follows:	
<u>Chronic Myocarditis</u>	Date of onset <u>1/1/30</u>
<u>Chronic Bronchitis</u>	<u>7/1/31</u>
Other contributory causes of importance: <u>106B</u>	
Name of operation <u>none</u>	Date of.....
What test confirmed diagnosis? <u>Parent finger</u>	Was there an autopsy? <u>no</u>
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? <u>no</u>	
If so, specify.....	
(Signed) <u>William T. Henschel</u>	, M. D.
(Address) <u>3500 N. Grand</u>	

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.

