

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

Do not use this space.

34690

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **2475**
City **St. Louis** (No. **St. Johns Hospital**)

File No.
Registered No. **8852**
St. Ward)

2. FULL NAME

(a) Residence, No. St. **12** Ward. **Evansville Hill**
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? **61** yrs. mos. ds.

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 **Kate Stratmann**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct 27-1862**
7. AGE YEARS **70** MONTHS **11** DAYS **15** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Lumberman**
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) **Germany**

MOTHER 13. NAME **Unk**

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unk**

MOTHER 15. MAIDEN NAME **Unk**

FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unk**

17. INFORMANT **Rose Stratmann**
(ADDRESS) **Evansville Hill**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Evansville Hill** DATE **10-14-33**

19. UNDERTAKER **Wedge and Co**
(ADDRESS) **Chesham**

20. FILED **10-15-33** **J. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 12 1933**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 24th 1933** to **Oct 12th 1933**
I last saw him alive on **Oct 11th 1933**. Death is said to have occurred on the date stated above, at **8:10** m.

The principal cause of death and related causes of importance were as follows:

131
Cerebro-vascular Disease
Date of onset **1 yr.**
Other contributory causes of importance: **131**

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) **Walter M. Nelson**, M. D.
(Address) **806 No. 22nd**

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.

THIS IS A PERMANENT RECORD

Dr. A. M. E. Mather
New Bedford
Je 7680