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.

JAN 13 1936

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

Do not use this space.

41049

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 10232

Township ..... Primary Registration District No. 1003 Registered No. .....

City St. Louis (No. 3826 Kingsland Ct. St. ..... Ward)

2. FULL NAME Bernard H Strantmann

(a) Residence, No. 3826 Kingsland 15 Ward. (If nonresident, give city or town and State)
(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 M.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Anna Strantmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26-1852

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
83	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

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) Jan 1-1930

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

FATHER

13. NAME Mckmann

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

MOTHER

15. MAIDEN NAME .....

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

17. INFORMANT (ADDRESS) Anna Strantmann 3826 Kingsland

18. BURIAL, CREMATION, OR REMOVAL PLACE S. S. Peter Paul DATE Dec. 7-35

19. UNDERTAKER (ADDRESS) OSCAR J. HOFFMEISTER UND. CO. 4016 13 CHIPPOWA ST.

20. FILED DEC -5 1935 19 J P Bredick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-4, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-2, 1935, to 12/4, 1935

I last saw him alive on 11-16, 1935 Death is said to have occurred on the date stated above, at 6:10 p.m.

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

	Date of onset
Gangrene Both feet	9/18/35
97	
Other contributory causes of importance:	
Arteriosclerosis	yrs.

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinic 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? .....

If so, specify .....

(Signed) Walter M. Jones, M. D.

(Address) 3400 Meramec