

SEP 21 1938

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

28845
Do not use this space.

1. PLACE OF DEATH
 (a) County Franklin Registration District No. 1104
 (b) Township Boone Primary Registration District No. 5415 Registered No. 14
 (c) City..... (d) Street No..... St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in this town where death occurred yrs. mos. da. (If How long in U. S., if of foreign birth? yrs. mos. da.)
 2. PRINT FULL NAME Fredrick J. Strehlman 364
 (a) Residence, No. _____ St. (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 Louisa A. Strehlman
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20 1871
 7. AGE YEARS 66 MONTHS 11 DAYS 24 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) Leslie Mo
 FATHER 13. NAME Henry Strehlman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER 15. NAME Philamina Knetter
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT (ADDRESS) Louisa A. Strehlman
Leslie Mo Rt R.
 18. BURIAL, CREMATION, OR REMOVAL St. Johns Luth. Cent. DATE Aug 16 1938
 19. FUNERAL DIRECTOR (ADDRESS) H. Leysone
Dequfort Mo
 20. FILED Aug 15 1938 Charles A. Reinhart
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14 1938
 22. I HEREBY CERTIFY, that I attended deceased from Aug 4 1938 to Aug 14 1938
 I last saw him alive on Aug 14 1938 Death is said to have occurred on the date stated above, at 6:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis Date of onset 8-4-38
Chronic Myocarditis not known
 Other contributory causes of importance:
 Name of operation None 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? No
 If so, specify _____
 (Signed) F. Strehlman, M. D.
 (Address) Dequfort Mo.

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

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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.

41 G 91945

STATEMENT BY LICENSED EMBALMER

I, E H Lemme Licensed Embalmer No. 3076

hereby certify that the body recorded on the reverse side of this certificate was embalmed by E H Lemme

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed E H Lemme

Licensed Embalmer No. 3076

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.)