

DEC 12 1938

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

37561
Do not use this space.

791
1008

9888

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis, Mo. (d) Street No. Lutheran Hospital 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William F. Stratman,

(a) Residence, No. 5512 Delor Street St. 174 (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 4. COLOR OR RACE Malée White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alvina D. Stratman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 27th 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 10 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Bookkeeper
9. Industry or business in which work was done, as saw mill, bank, etc. Labor
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. Pneumonia
102

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER 13. NAME Frank H. Stratman

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

MOTHER 15. MAIDEN NAME Fredericka Temme

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

17. INFORMANT (ADDRESS) Mrs. Alvina D. Stratman
5512 Delor Street.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cem. DATE Nov. 17th 38

19. FUNERAL DIRECTOR (ADDRESS) Wm. Reidner Mnd Co.
1417 On Market St.

20. FILED NOV 15 1938
J. J. Bredich
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-14, 1938.

22. I HEREBY CERTIFY, That I attended deceased from 11-9-, 1938, to 11-14, 1938

I last saw h. j. m. alive on 11-15-, 1938. Death is said to have occurred on the date stated above, at 12 p.m.

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

Pneumonia
Encephalitis
Non Epidemic

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes

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) A. N. Schaeffer M. D.
(Address) 540.1 2 Grand

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....
L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Calvin J. [Signature]

Licensed Embalmer No. *3927*

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.)