

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.

1933 JAN 11 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS 791  
CERTIFICATE OF DEATH

41471  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... / Registration District No. 1008  
(b) Township ..... / Primary Registration District No. ....  
(c) City St. Louis ..... / (d) Street No. 5741 Chamberlain Ave. St. Registered No. 11163  
(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

3603 Katherine Strothkamp  
(a) Residence, No. 5741 Chamberlain Ave. St. 5 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank J. Strothkamp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 2 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
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) Mo.

FATHER 13. NAME Fred Kraut

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

MOTHER 15. MAIDEN NAME Julie Christmann

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

17. INFORMANT (ADDRESS) Miss Anita L. Strothkamp  
5741 Chamberlain Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Dec. 29, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Arthur J. Donnelly  
3840 Lindell Blvd.

20. FILED DEC 20 1938  
J. D. Beck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1938, to Dec. 26, 1938  
I last saw him alive on Dec. 26, 1938. Death is said to have occurred on the date stated above, at 8:30 PM.  
The principal cause of death and related causes of importance were as follows:

apoplexy  
hypertension  
arteriosclerosis heart 1934  
Date of onset 12/16/38

Other contributory causes of importance: None  
Name of operation ..... Date of .....  
What test confirmed diagnosis? All clinical 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? No  
If so, specify .....  
(Signed) J. D. Brennan, M. D.  
(Address) 1408 The Wood: Bldg

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed W H Van Matre

Licensed Embalmer No. 2825

P. O. Address \_\_\_\_\_

**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.)**

**If this body is not embalmed, above space should be left blank.**