

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.

21939

REC'D JAN 6 1939

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

44456  
 Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis, Registration District No. 784

(b) Township Kirkwood, Mo. Primary Registration District No. 106 Registered No. 2147

(c) City Kirkwood, Mo. (d) Street No. Rose Crest Nursing Home 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 Mary Strothkamp

(a) Residence, No. R. #13, Kirkwood, Mo. St.  Kirkwood, Mo.  
 (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 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 Louis J. Strothkamp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2, 1860

7. AGE YEARS 78 MONTHS 8 DAYS 29 IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

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) France

FATHER 13. NAME ? Hasenfratz

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT J. W. Molitor  
 (ADDRESS) Kirkwood, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Peter & Paul 1/3/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Edith E. Ambruster  
4234 Manchester

20. FILED JAN - 2 1939 G. R. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/31/38, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-28 1938, to 12-31 1938

I last saw him alive on 12-28 1938. Death is said to have occurred on the date stated above, at 7.50 A.M.

The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage Date of onset 12-28-38

Other contributory causes of importance:  
arterio-sclerosis

Name of operation Cholecystectomy Date of 12-28-38

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? None Date of injury 12-28-38

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify None

(Signed) G. R. Meyer, M. P.  
 (Address) 209 S. Lincoln St. Kirkwood, Mo.

**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.....

*Flora Eynck*

Licensed Embalmer No. *1284*

P. O. Address *St. Louis Mo*

**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.**