

DEC 7 MAR 13 1939

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

791
10034922
Do not use this space.

1615

1. PLACE OF DEATH

(a) County 1 Registration District No. 1
 (b) Township 1 Primary Registration District No. 1
 (c) City Saint Louis, Missouri. (d) Street No. 2617 Arsenal Street. St. 34
 (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

36-3 Louisa Stratmann,
 (a) Residence, No. 2617 Arsenal Street. St. 34
 (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 Joseph Stratmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 27th, 1856.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 5 21

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) Missouri

13. NAME Charles Kraemer

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

15. MAIDEN NAME Anna Proff

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

17. INFORMANT Marie Adels
 (ADDRESS) 2617 Arsenal Street.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Sunset Burial Pk. DATE February 21, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ziegenhain Bros.
2623 Cherokee Street.

20. FILED FEB 20 1939 J. J. Budnik
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 18, 1939.

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at 3:00 A.M.

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

Fracture of Left Femur suffered when he fell off a chair in the home at

Other contributory causes of importance:
2617 Arsenal St. Aug. 14-1938
at about 3° or 4° C.
arterio-sclerosis

Name of operation accident Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide accident Date of injury Aug. 14, 1938

Where did injury occur? at home
 (Specify city or town, county, and State)

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

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Alfred G. Perry, M. D.

(Address) Deputy Coroner

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 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 *V E Morris*

Licensed Embalmer No. *3360*

P. O. Address *2623 Cherokee Street,*

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.