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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23599

REC'D AUG 11 1939

Registration District No. 791 1008

Primary Registration District No.

Registrar's No. 5872

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: De Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Weeks (Specify whether years, months or days)

In this community 64 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 14
(If outside city or town limits, write "RURAL")

(d) Street No. 5512 Delor St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 64 years.

3. (a) PRINT FULL NAME Alvina Strattman 363

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William F, Strattman

6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased May (Month) 31 (Day) 1865 (Year)

8. AGE: Years 74 Months 0 Days 29 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany (State or foreign country)

10. Usual occupation Housework 6

11. Industry or business [illegible] 6

FATHER
12. Name O. G. Kellmann 6
13. Birthplace (City, town, or county) Germany (State or foreign country) 6

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Wm J Strattman
(b) Address 4501 Easton at Taylor

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4-1939 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director Henry Leidner Und Co.
(b) Address 1417 N. Market St.

19. (a) JUL 3 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30 year 1939 hour 11 minute 40 P M.

21. I hereby certify that I attended the deceased from February 3, 1939, to June 30, 1939; that I last saw her alive on 6-30, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Caecum	6 months
Chr Bronchiedasis	many years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations none

Of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Herbert S Pangborn (M. D. or other)
Address 3115 So Grand Date signed 7/1/39

(Licensed Embalmer's Statement on Reverse Side)

Tangeroff 3115 S. Grand
812
R 5473

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 John P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 2223 St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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