

JUN 15 1940 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16860
Registrar's No. 4338

Registration District No. _____

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Anthony's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3165 Russell Pl.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14th
year 1940 hour 11:45 minute A.M. M.
21. I hereby certify that I attended the deceased from Nov. 1
1937 to May 14, 1940

that I last saw her alive on May 14, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinomatous Primary in Rectum

Due to _____
Due to _____
Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: Obstruction of lower sigmoid colon
Of operations _____
Of autopsy _____

Duration _____
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?

23. While at work? _____ (Specify type of place)
(a) Means of injury _____
28. Signature: D. J. Freedman (M. D. or other)
Address: 3115 N. Forest Date signed: 5/15/40

3. (a) PRINT FULL NAME Anna F. Strothman 313
(b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William Strothman
6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased April 22 1865
(Month) (Day) (Year)

8. AGE: Years 75 Months 0 Days 22
If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Ferdinand Preisner
13. Birthplace Germany
(City, town, or county) (State or foreign country)

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

16. (a) Informant Tillie Strothman
(b) Address 3165 Russell Pl.

17. (a) Burial (b) Date thereof 5-17-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director: Kriegshauser Mortuar
(b) Address 4228 So. Kingshighway

19. (a) MAY 15 1940 (b) _____
(Date received local registry) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Hickman Bids.
10-11 AM.

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

E. M. Bennett

Licensed Embalmer No. *3024*

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.