

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2877

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

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: Christian Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 weeks
(Specify whether)

In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County.....

(c) City or town St. Louis 9 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4407 Strodtman Pl
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME George W. Strodtman

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30 year 1941 hour 9 minute P M.

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Genevieve R. Strodtman alive..... years

6. (c) Age of husband or wife if

7. Birth date of deceased May 26 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-30-40 19....., to 3-30-41 19.....; that I last saw him alive on 3-30-41 19.....; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

71 10 4 hr. min.

Immediate cause of death Chronic endocarditis

Due to Chronic interstitial nephritis

Due to.....

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

Other conditions 1/31/41
(Include pregnancy within 3 months of death)

10. Usual occupation Real Estate

11. Industry or business self

Major findings: Of operations.....

Of autopsy.....

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

MOTHER FATHER { 12. Name George W. Strodtman

13. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Myers

15. Birthplace England 4
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Metcalf

(b) Address 6952 Waterman

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

17. (a) burial (b) Date thereof Apr 2 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

(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?.....

While at work?.....
(Specify type of place) (e) Means of injury.....

18. (a) Signature of funeral director ARON

(b) Address 2707 N. Grand Bl'vd

19. (a) APR 2 1941 (b) J. Bredbeck
(Date received local registrar) (Registrar's signature)

23. Signature J. Bredbeck (M. D. or other) M.D.

Address 7024 N. Union Date signed 4-1-41

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 *Paul F. Kullerby*
Licensed Embalmer No. *2631*
P. O. Address *2707 N. Grand*

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, fact should be so stated above.