

FILED JAN 21 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

Dr. Fitch

41893

State File No.

Registrar's No. 983

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield City

(c) Name of hospital or institution: 911 N. Campbell
(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

3. (a) PRINT FULL NAME: Fredrick G. Strentzsch

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Susan Strentzsch

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

7. Birth date of deceased: March 23 1860
(Month) (Day) (Year)

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

1 81 8 24 hr. min.

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

10. Usual occupation Retired

11. Industry or business Cigar Manufacturer

12. Name Gottfried Strentzsch

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

14. Maiden name Unknown

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

16. (a) Informant Susan Strentzsch

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Dec. 19 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 12-19-41 (b) W.E. Handley MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene ³⁹

(c) City or town Springfield ⁶
(If outside city or town limits, write "RURAL")

(d) Street No. 911 N. Campbell ⁰
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17
year 1941 hour 12 minute 30 p. a. m.

21. I hereby certify that I attended the deceased from June 1st, 1941, to Dec 17, 1941,
that I last saw him alive on Dec 17, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardio-Respiratory-vascular Disease

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: 131a

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

Signature W.E. Handley MD (M. D. or other) W.E. Handley MD

Address Springfield Mo Date signed 12/19/41

AUG 30 1948

JUL 12 1948

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.....

Walter E. Hamilton

Licensed Embalmer No.

3808

P. O. Address.....

Springfield, 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, fact should be so stated above:

X