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S. No. 2
1-9-44
5-17-39
X29829

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **12840**
Registrar's No. **3106**

FILED APR 19 1943
Registration District No. **238**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 Days**
In this community **62 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Alfred Strathman**
3. (b) If veteran, name war..... none
3. (c) Social Security No. none

4. Sex **male**
5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Bertha Strathman**
6. (c) Age of husband or wife if alive **63** years
7. Birth date of deceased **Oct. 18 1880**
(Month) (Day) (Year)

8. AGE: Years **62** Months **5** Day **11** If less than one day hr. min.

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

10. Usual occupation **Baker**
Lickhalter Bakery Co.

11. Industry or business.....
12. Name **Anthony Stratham**
13. Birthplace **Unknown France**
(City, town, or county) (State or foreign country)
14. Maiden name **Frances Dirker**
15. Birthplace **St. Louis, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Bertha Strathman**
(b) Address **1445 Wright St.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **4-2-43**
(Month) (Day) (Year)
(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Hy. Leidner Und. Co.**
(b) Address **2223 St. Louis Ave.**
APR 1 1943
19. (a) (Date received local registrar) (b) **J. F. Bredenk** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County.....
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1309 Franklin Ave.**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) **0**
If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **29**, year **1943** hour **9:20** minute **P.** M.
21. I hereby certify that I attended the deceased from **March 25**, 1943, to **March 29**, 1943 that I last saw him alive on **March 29**, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Strangled in prison
Almeria
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations **same**
Of autopsy **same**
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.....
23. Signature **M. H. [Signature]** (M. D. or other)
Address **1515 Lafayette Avenue**, Date **4/20/43**

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

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 So. Main Ave.

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.