

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

FILED JUL 3 1943

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5846**

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:  
**Jewish Hospital 0**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
in this community \_\_\_\_\_ (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Gasconade**  
(c) City or town **Bland**  
(If outside city or town limits, write "RURAL") **NR**  
(d) Street No. \_\_\_\_\_ (If rural, give location) **0**  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **William F. Strehlman**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male 0** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Anna Strehlman** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **September 19 1876**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**66 9 6** hr. min.

9. Birthplace **Jeffersburg Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Merchant**

11. Industry or business \_\_\_\_\_

12. Name **Frederick E. Strehlman**

13. Birthplace **Hanover Germany 4**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Toelke**

15. Birthplace **Leslie Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Walter C. Strehlman**

(b) Address **# 7 Wild Rose Dr. Ladue Village**

17. (a) **Burial** (b) Date thereof **6/26/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bland, Missouri**

18. (a) Signature of funeral director **Albert H. Hoppe, Inc**  
(b) Address **4700 Washington Blvd.**

19. (a) **JUN 26 1943** (Date received local registrar) **J. J. Budeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **25**  
year **1943** hour **3** minute **50 P.M.**

21. I hereby certify that I attended the deceased from **June 16**  
**1943** to **June 25**, 19**43**  
that I last saw him alive on **June 25**, 19**43**;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**Cancer of the lung**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
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 **Albert E. Jausig** (M. D. or other) **M.D.**  
Address **4500 Olive St., Mo.** Date signed **6/26/43**

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

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**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.....

*Henry M. Brammer*

..... Licensed Embalmer No..... *4200*

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, fact should be so stated above.**