

FILED MAR 20 1944 318

1003

Registrar's No. 2080

1. PLACE OF DEATH:

(a) County St LOUIS Mo
(b) City or town St LOUIS Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ARMIN DESLOGED Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community...
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County St LOUIS
(c) City or town St LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 1100 S 9th St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Strathman, Agnes

(b) If veteran, name war No (c) Social Security No. No

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, WID.

(b) Name of husband or wife Otto (c) Age of husband or wife if alive years

7. Birth date of deceased JAN 17 1867 (Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 12 If less than one day hr. min.

9. Birthplace YUGA SLAVAB (City, town, or county) (State or foreign country)

10. Usual occupation NIL

MOTHER FATHER

11. Industry or business

12. Name FRANK BIATRICKY

13. Birthplace YUGO SLAVAB (City, town, or county) (State or foreign country)

14. Maiden name ANNA Unknown

15. Birthplace YUGO SLAVAB (City, town, or county) (State or foreign country)

16. (a) Informant Katherine Meeks (b) Address 1100 S 9th St

17. (a) Burial (b) Date thereof 3/3/44 (c) Place: burial or cremation St Matthew Cem

18. (a) Signature of funeral director E. J. Schuss (b) Address 3125 Lafayette Ave

19. (a) MAR 2 1944 (Date received local registrar) J. J. Budek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 29 year 44 hour 4 minute 20 A.M.

21. I hereby certify that I attended the deceased from 2-28 19 44 to 2-29 19 44 that I last saw her alive on 2-29 19 44 and that death occurred on the date and hour stated above.

Immediate cause of death: hypertensive arteriosclerosis of cerebral arteries

Due to... atherosclerosis coronary & cerebral arteries

Due to... 93

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

Major findings: Of operations: None

Of autopsy: yes. (same)

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? (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 Philip L. Leary (M. D. or other) Address 1325 So. National Date signed 3-1-44

Duration April 1940 to March 1944
PHYSICIAN Underline the cause to which death should be charged statistically.

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.....

Joseph Vollmer

Licensed Embalmer No. *4014*

P. O. Address. *3125 Lafayette*

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.