

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. 712

Registration District No. FEB 31 1946

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7019 Minnesota
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 7019 Minnesota
(If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Magdelene Stratman

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Fred. W. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 28 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 4 23 _____ hr. min.

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

10. Usual occupation Nil

11. Industry or business _____

12. Name Frank Reiser

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

14. Maiden name Katherine Rizer

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

16. (a) Informant Mrs. Adel Klein

(b) Address 7019 Minnesota

17. (a) Burial (b) Date thereof 1/23/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive

18. (a) Signature of funeral director Jos. P. Fendler Jr.

(b) Address 7128 Michigan Ave.

19. (a) JAN 22 1946 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20
year 1946 hour 6.00 minute _____ P. M.

21. I hereby certify that I attended the deceased from April 24 1944 to Jan. 20 1946
that I last saw her alive on Jan. 20 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolism Duration 11 day

Due to Coronary Thrombosis 3yr.

Due to Chs. Bronchitis

Other conditions Chs. Nephritis
(Include pregnancy within 3 months of death)

Major findings: None
Of operations _____

Of autopsy No

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None

(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 J. F. Bredek (M. D. or other) MD

Address 1276 1/2 Thomas Date signed 1-22-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
3171

STATEMENT BY LICENSED EMBALMER

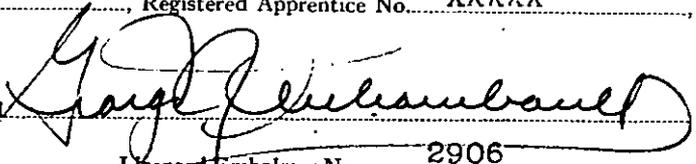
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George N. Archambault

, Registered Apprentice No. XXXXX

working under my personal supervision.

Signed



Licensed Embalmer No. 2906

P. O. Address 7128 Michigan 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.