

S. No. 2
OM-5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18951

State File No.

FILED MAY 16 1946
318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

4019

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4456 N Taylor Ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether)
In this community 73 YEARS
years, months or days)

3. (a) PRINT FULL NAME Lena J Strothenke

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 Married
6. (b) Name of husband or wife Henry J Strothenke 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased July 21 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 9 10 hr. min.

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

10. Usual occupation Housrwork

11. Industry or business *****

12. Name Frederick W Kombrink

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

14. Maiden name Hanna M Kastein
(City, town, or county) (State or foreign country)

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

16. (a) Informant Henry J. Strothenke

(b) Address 4456 N Taylor Ave

17. (a) Burial (b) Date thereof May 4 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters' Cem

18. (a) Signature of funeral director Calvin F Feutz Funeral Home
(b) Address 4828 Nat Bridge Blvd

19. (a) MAY 3 1946 (Date received local registrar)
J. F. Brodeur (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ada
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 917
(d) Street No. 4456 N Taylor Ave (If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1 year 1946 hour 2 minute P M.
21. I hereby certify that I attended the deceased from Jan. 15-46 to May 1 1946
that I last saw her alive on 5-1-46 and that death occurred on the date and hour stated above.

Immediate cause of death Gastric Carcinoma
Due to wasting
Due to age
Other conditions exhaustion
(Include pregnancy within 3 months of death)
Major findings: no operation
Of operations.....
Of autopsy none

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? G. G. H. P. Riddle (Specify type of place) (e) Means of injury 0
23. Signature G. G. H. P. Riddle (M. D. or other)
Address 1267 N. Kingshighway Date signed 5-2-46

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 A. Mlenar

Licensed Embalmer No. *4186*

P. O. Address *St. Louis 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.

185
9-18-04
Kempsey