

No. 2  
M-5-43  
5-17-39  
I X36671

FILED APR 14 1947  
Registration District No. **318**

Primary Registration District No. **1003**

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

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:  
Florissant & Union Blvd. 3  
Announced dead at City Hospital  
(d) Length of stay: In hospital or institution 68 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Anna Strattmann,  
3. (b) If veteran, none name war  
3. (c) Social Security No. none

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Henry C. Strattmann.  
6. (c) Age of husband or wife if alive 75 years  
7. Birth date of deceased April 5th 1878  
(Month) (Day) (Year)

8. AGE: Years 68 Months 10 Days 22  
If less than one day hr. min.

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

10. Usual occupation Housewife.

11. Industry or business Alex Walliser

MOTHER FATHER

12. Name Unknown 9

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

14. Maiden name Unknown 7  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry C. Strattmann,

(b) Address 5400 North Union Blvd.,

17. (a) Burial (b) Date thereof 3-31st, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Burial or cremation St. Johns Cemetery.

18. (a) Signature of funeral director H. Leidner, Und. Co.

(b) Address 2223 St. Louis Ave.,

19. (a) MAR 30 1947 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-00  
(c) City or town St. Louis, 7-17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5400 N. Union Blvd. 9  
(If rural, give location) 0  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March. day 27th.  
year 1947. hour 8:45 AM minute M.

21. I hereby certify that I attended the deceased from March 27  
1947 to March 27, 1947  
that I last saw him alive on March 25, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis  
Duration

Due to Spontaneous Myocardial Infarction

Due to MI

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations MI

Of autopsy

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?

(Specify type of place)

While at work? (e) Means of injury 0

23. Signature Miss [Signature] (M. D. or other) MI

Address 1918 E. [Signature] Date signed

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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 *John P. Buchholz*.....  
Licensed Embalmer No. *1674*.....

P. O. Address *2223 St. Louis 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.**