No. 2
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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

11584

State File No.

FILED MAR 24 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2745

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: 2630 Arsenal St.
(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 1017
(If outside city or town limits, write "RURAL")

(d) Street No. 4447 Natural Bridge 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Dorothea Strittmatter

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Alfred Strittmatter

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. 15 1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	0	29	hr. min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Cook

11. Industry or business Protestant Orphans Home

FATHER
12. Name Unknown
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Marie Zehnle
(b) Address 2630 Arsenal St.

17. (a) Cremation (b) Date thereof 3-17-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mo. Crematory

18. (a) Signature of funeral director Witt Bro. L. Ndy
(b) Address 2929 S. Jefferson Av.

MAR 13 1947

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 14
year 1947 hour 4 minute 00 A. M.

21. I hereby certify that I attended the deceased from Mar 12, 1947, to Mar. 14, 1947 that I last saw her alive on Mar. 12, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia — Duration 4 days

Due to Chronic Myocarditis Cardiac Decompensation

Due to

Other conditions
(Include pregnancy within 3 months of death) 108

Major findings:
Of operations

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) 0

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) M. D.

Address 3014 S. Jefferson Date signed Mar 14/47

(Licensed Embalmer's Statement on Reverse Side)

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 D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 2929 So Jefferson a

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.