

S. No. 2
1-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15909
Registrar's No. 1004

Registration District No. 317 Primary Registration District No. 3064

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Ferguson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
214 So. Clay Avenue.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Ferguson
(If outside city or town limits, write "RURAL")
(d) Street No. 214 So. Clay Avenue.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Ernest E. Strasmer.
3. (b) If veteran, name war None
3. (c) Social Security No. 499-03-0359

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mabel Strasmer.
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased November 21, 1886.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 5 12 hr. min.

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

10. Usual occupation Auditor.

11. Industry or business.....

MOTHER FATHER { 12. Name John S. Strasmer. 9
13. Birthplace Dont know. 9
(City, town, or county) (State or foreign country)
14. Maiden name Dont know. 9
15. Birthplace Dont know. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mabel Strasmer.
(b) Address 214 So. Clay Avenue.

17. (a) Burial (b) Date thereof 5-3-1947.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue

19. (a) 5-6-47 (b) Cecilia J. Sharp
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd.
year 1947 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from Jan 6 1940.
19....., to May 3 1947.
that I last saw him alive on May 3 1947.
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Generalized Arteriosclerosis
Due to 830
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations.....
Of autopsy.....

Duration
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? (c) Means of injury.....
23. Signature W. M. Mason (M. D. or other) M.D.
Address 7301 Natural Bldg. Rd. Date signed 5-4-47

(Licensed Embalmer's Statement on Reverse Side) Normandy Mo

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

Dr. Wm. E. Moore.
7301 Natural Bridge Road.
Hours 3 to 5 P. M.
Mulberry 4064

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.....

Reis E Campbell

Licensed Embalmer No.....

15881

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.