S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 5 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19408

Primary Registration District No. 1003

Registrar's No. 5259

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: 5807 Loran
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5807 Loran
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 14

If yes, name country

3. (a) PRINT FULL NAME Matilda Stradal Stradel

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 Widowed

6. (b) Name of husband or wife Frank F. Stradal Stradel

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

7. Birth date of deceased January (Month) 7 (Day) 1868 (Year)

8. AGE: Years 79 Months 4 Days 19 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Nil

11. Industry or business

12. Name John Mall

13. Birthplace (City, town, or county) Germany (State or foreign country) 7

14. Maiden name Unknown

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

MOTHER, FATHER

16. (a) Informant Elsie Stradal Stradel

(b) Address 5807 Loran

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 29 (Day) 1947 (Year)

(c) Place: burial or cremation Lakewood Park Cemetery

18. (a) Signature of funeral director C. Hoffmeister Colonial Mortuary

(b) Address 6464 Chippewa St.

19. (a) MAY 27 1947 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 year 1947 hour 3 minute 50 P.M.

21. I hereby certify that I attended the deceased from Aug 3, 1947, to to May 26, 1947 that I last saw her alive on May 26, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death acute dilatation of heart

Due to chronic myocarditis

Due to

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? (e) Means of injury 0

23. Signature Martin F Kouri (M. D. or other)

Address 319 Metropolitan Bldg Date signed 5/27/47

(Licensed Embalmer's Statement on Reverse Side)

1520 So. Grand.

Dr. Martin Kouri
Metropolitan Bldg.
508 N. Grand
NE 9924

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: Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.

BC

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. 19408/47

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 5259

On this ..... day of ....., 194...., before me appears ....., who, upon ..... oath, states that the original record of birth/death for Matilda Sophie Stradel, died ~~XXX~~ 5-26-1947, 19...., in the State of Missouri, and which was filed at ..... on ....., 19...., should be corrected as follows:

Item No. 2 should read Matilda Sophie Stradal
Instead of Matilda Stradal

Item No. 5 should read Frank F. Stradal
Instead of Frank F. Stradal

Item No. 16 should read Elsie Stradal
Instead of Elsie Stradal

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Elsie Stradal Inf.
Relationship.

5807 Loran
Present Address.

Subscribed and sworn to before me this 31 day of Aug, 1949

My Commission expires 3-4-53

Ben C. Paddock
Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—8-43
I X37817