

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

FILED MAY 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19645

State File No. _____

Registration District No. 317

Primary Registration District No. 2870

Registrar's No. 1022

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
669 Marshall 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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Webster Groves 7
(If outside city or town limits, write "RURAL.") 3

(d) Street No. 669 Marshall Avenue 5
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CAROLINE ALICE STRATHMANN

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Fred Strathmann

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

7. Birth date of deceased October 31, 1869
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Millstadt, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business At Home

12. Name Adam Sanders

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

14. Maiden name Unknown Zahn

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

16. (a) Informant Mrs. Emil Dieckmann

(b) Address 669 Marshall Ave., Webster Groves

17. (a) Burial (b) Date thereof May 8, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wm. J. Robert L. & U. Co.

(b) Address 1905 So. Grand Blvd.

19. (a) 5-12-47 (b) Cecilia G. Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1947 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from January, 1937, to May 5, 1947;
that I last saw her alive on May 4, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death General Arteriosclerosis Duration _____

Due to Arteriosclerosis of Coronary artery & occlusion 940 _____

Due to _____

Other conditions Diabetes _____

(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) _____

(a) 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? _____ (Specify type of place)

23. Signature Frank A. Bailey (M. D. or other) lead

Address 3108 So. Grand Date signed 5-6-47

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

MOTHER FATHER

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.....

Rex Campbell

Licensed Embalmer No.....

3881

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.