FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 28 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40232

Primary Registration District No. 1003

Registrar's No. 10540

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: Jewish Hospital
(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 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5891 Washington 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME GERTRUDE STRATMAN
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 Married
6. (b) Name of husband or wife Samuel Stratman
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: ~~44~~ Years About ~~52~~ Months Days If less than one day hr. min.

9. Birthplace Memphis (City, town, or county) Tenn. (State or foreign country) 1
10. Usual occupation At home
11. Industry or business
12. Name Henry Glucksman
13. Birthplace Germany (City, town, or county) (State or foreign country) 4
14. Maiden name Pauline Spahn
15. Birthplace Germany (City, town, or county) (State or foreign country) 4
16. (a) Informant Samuel Stratman
(b) Address 5891 Washington
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Sinai Cemetery
18. (a) Signature of funeral director
(b) Address 5216 Delmar Blvd.
19. (a) NOV 16 1947 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov-14-47 day
year 1947 hour 910 minute p M.

21. I hereby certify that I attended the deceased from September 1946 to November 1947 that I last saw her alive on Nov. 14 1947 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Due to: 1. Malignant tumor
Due to: 2. Of liver, Exact type
Due to: 3. Still to be determined
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations as above
Of autopsy as above

PHYSICIAN — Underline the cause of 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
(e) Means of injury While at work?
23. Signature G. E. Gruenfeld (M. D. or other)
Address 4500 Olive Date signed 11/15/47

Cau. by coll. 24-48 Hallock to State

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

G.E.Gruenfeld

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

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.....

Licensed Embalmer No.....4343.....

P. O. Address.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

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

State File No. .....
Local Registrar's No. 10540

AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death
for Gertrude Stratman died ~~born~~ ....., 19....., in the State of
Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. ..... should read about 49
Instead of about 52

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 .....

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)

X Affiant Herman Rudstoff Gen. Fun. Dir.
Relationship.

5216 Delmar.
Present Address.

Subscribed and sworn to before me this 8 day of Jan, 1948

My Commission expires 3-4-49 Earl C Paddock Notary Public.

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

V. S. 135
I—4-43
I X36667

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