

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **25731**

No. 300  
10.48  
**FILED AUG 2 1949**

9/5/49

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **917** PRIMARY REG. DIST. NO. **6076** Registrar's No. **1589**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>St. Louis</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY OR TOWN <b>Wellston</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Wellston</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1520 Valle Ave</b>		d. STREET ADDRESS (If rural, give location) <b>1520 Valle Ave</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) <b>Lena</b>	a. (First)	b. (Middle)	c. (Last) <b>Stratman</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>July 4 1949</b>
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<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>July 25 1864</b>	<b>9. AGE</b> (In years last birthday) <b>84</b>	<b>10. UNDER 1 YEAR</b> Months	<b>11. UNDER 24 HRS.</b> Days	<b>12. UNDER 1 HRS.</b> Hours	<b>13. UNDER 15 MIN.</b> Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Retired</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Unknown</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>St. Louis Mo.</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
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<b>13a. FATHER'S NAME</b> <b>? Burche</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Unknown</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Henry Stratman</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Leola Boston</b>	<b>18. ADDRESS</b> <b>1520 Valle Ave</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<p><i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i></p>	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Smility</b>		<b>2</b>
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Terminal Bronchitis</b> DUE TO (c) <b>Pneumonia</b>		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>None</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <input checked="" type="checkbox"/>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <input checked="" type="checkbox"/>	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>Wellston Missouri</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <b>July 4 1949 7:50 PM</b>	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>None</b>
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**22. I hereby certify that I attended the deceased from July 1, 1949, to July 4, 1949, that I last saw the deceased alive on July 4, 1949, and that death occurred at 7:50 PM, from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>Jos. W. Clark</b>	<b>23b. ADDRESS</b> <b>10125 Bartonway Bn</b>	<b>23c. DATE SIGNED</b> <b>July 5/1949</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>July 7 1949</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Oak Grove Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Charles Co. Mo.</b>
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<b>DATE REC'D BY LOCAL REG</b> <b>7-6-49</b>	<b>REGISTRAR'S SIGNATURE</b> <b>[Signature]</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Jos. W. Clark</b>	<b>ADDRESS</b> <b>1125 Hodiamont Ave</b>
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed E. C. Remelius

Licensed Embalmer No. 4283

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.