

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40766

FILED DEC 2 1952

State File No. 10142  
Registrar's No. 10142

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 10142		Registrar's No. 10142			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE _____ b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>			c. LENGTH OF STAY (in this place) <b>10 Yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>			2139				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Infirmiry.</b>				d. STREET ADDRESS (If rural, give location) <b>13 5800 Arsenal Street.</b>							
3. NAME OF DECEASED (Type or Print) <b>Martin</b>		a. (First)		b. (Middle)		c. (Last) <b>Stremph</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>10 29 52</b>			
5. SEX <b>Male 0</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single 0</b>	8. DATE OF BIRTH <b>Feb. 1, 1881</b>		9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 YEAR Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Janitor</b>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri 11</b>			12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME <b>Adam Stremph</b>			13b. MOTHER'S MAIDEN NAME <b>Maggie Hasler</b>			14. NAME OF HUSBAND OR WIFE _____					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>UNKNOWN</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>		17. INFORMANT'S SIGNATURE OR NAME <b>City Infirmiry Records, 5800 Arsenal St</b>						ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH			
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uraemia-Prostatic Hypertrophy Hypertensive</b>										
	ANTECEDENT CAUSES <b>Cardio Vascular Disease.</b>										
	*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.										
	DUE TO (b) _____										
	DUE TO (c) _____										
	II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>										
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____		(STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> _____		21f. HOW DID INJURY OCCUR? <b>443X</b>							
22. I hereby certify that I attended the deceased from <b>April 10, 1942</b> , to <b>October 29, 1952</b> , that I last saw the deceased alive on <b>October 29, 1952</b> , and that death occurred at <b>12:50A.M.</b> , from the causes and on the date stated above.											
23a. SIGNATURE <b>Palmer Donald Bowditch M.D.</b>				23b. ADDRESS <b>5800 Arsenal St.,</b>		23c. DATE SIGNED _____					
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>NOV 4-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>GALVARY</b>		24d. LOCATION (City, town, or county) <b>ST LOUIS MO</b>		(State) _____				
DATE REC'D BY LOCAL _____		REGISTRAR'S SIGNATURE <b>W. C. Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. C. Sullivan-Kelly</b>		ADDRESS <b>4386 Lindell</b>					

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 Howard F. Rowland

Licensed Embalmer No. 3114

P. O. Address D. Lewis one

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.