

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

No. 300
10.48

FILED JUN 22 1953

620

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

| | | | | | | | |
|--|--|--|-------------------------------|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>116</u> | | PRIMARY REG. DIST. NO. <u>3020</u> | | Registrar's No. <u>187</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Franklin</u> | | | | 2. USUAL RESIDENCE (Where deceased lived, if institution, address before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u> | | c. LENGTH OF STAY (If applicable) <u>4 da</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u> | | <u>0362 13</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>A. Francis Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>615 North</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> | | | b. (Middle) <u>SIRHATMANN</u> | | | c. (Last) | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>6 13 1953</u> | | 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | |
| 8. DATE OF BIRTH <u>4-1-1875</u> | | 9. AGE (In years last birthday) <u>78</u> | | Months <u>2</u> Days <u>12</u> Hours <u></u> Min. <u></u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Worker</u> | |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Factory</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Henry Stradmann</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Rahbink</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mary Stradmann</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If reservice, give dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>492-10-9941</u> | | 17. INFORMANT'S SIGNATURE OR NAME (Address) <u>Mr. Mary Stradmann (Washington, Mo)</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute cardiac decompensation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cholera</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4222</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>March 25</u> , 19 <u>52</u> , to <u>June 13</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>June 13</u> , 19 <u>53</u> , and that death occurred at <u>1:45 p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>J. J. Lott M.D.</u> | | | | 23b. ADDRESS <u>Washington, Mo</u> | | 23c. DATE SIGNED <u>6/16/53</u> | |
| 24a. BURIAL, CREMATION, REINTERMENT (Specify) | | 24b. DATE <u>6-17-1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>A. Francis Burial</u> | | 24d. LOCATION (City, town, or county) (State) <u>Washington, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>June 17, 1953</u> | | REGISTRAR'S SIGNATURE <u>J. J. Lott</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. B. by W. H. B.</u> | | ADDRESS <u>Washington, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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 _____

M. W. Wilentz

Licensed Embalmer No. _____

4511

P. O. Address _____

Washington, Miss

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.