

FILED JUL 22 1954

STANDARD CERTIFICATE OF DEATH

25583 State File No. 1485

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 341 Registrar's No. 1485

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>	c. LENGTH OF STAY (in this place) <u>DOA</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Wellston 4301</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>D.O.A. St. Louis Co. Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>6319 Ella Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>O.</u> c. (Last) <u>Stratman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6/24/54</u>		
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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>11/25/1886</u>	9. AGE (In years) (If under 1 year last birthday) (Months) (Days) (Hours) (Min.) <u>67</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Self Emp.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Truck Driver</u>	11. BIRTHPLACE (State or foreign country) <u>St. Charles, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Henry Stratman</u>	13b. MOTHER'S MAIDEN NAME <u>Lena Buche</u>	14. NAME OF HUSBAND OR WIFE <u>Nellie Stratman</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unk</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nellie Stratman 6319 Ella Ave.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Coronary Occlusion</u>		<u>?</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Damage</u> DUE TO (c) <u>Atrial Fibrillation</u>		<u>13 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chr. Bronch. & Bronchitis</u>		<u>2 yrs</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>6:30 am</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from over, 1952, to June 24, 1954, that I last saw the deceased alive on June 14 1954 and that death occurred at 9:30 am., from the causes and on the date stated above.

23a. SIGNATURE <u>R. Nakada</u> (Degree or title) <u>per R. Nakada</u>	23b. ADDRESS <u>Humboldt Bldg</u>	23c. DATE SIGNED <u>6/25/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6/26/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Charles, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6/25/54</u>	REGISTRAR'S SIGNATURE <u>Heckler B. Somberg</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Clark 1125 HODIAMONT AVE.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

VS DEC 28 1953 SA

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Alfred J. Boedeker*
Licensed Embalmer No. *2663*

P. O. Address *11257 Hodgkiss*

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.