

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42666

State File No. \_\_\_\_\_

FILED JAN 6 1956

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **11211**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>Leslie</b>	
c. LENGTH OF STAY (in this place) _____		d. Is Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Deaconess Hospital</b>		e. STREET ADDRESS (If rural, give location) _____ <b>6360</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b> b. (Middle) <b>William</b> c. (Last) <b>Strehlman</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 21, 1955</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 5, 1883</b>
9. AGE (in years last birthday) <b>72</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 11 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Owner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General Merchandise</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Woolan, Mo.</b>
12. CITIZENRY OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>Frederick W. Strehlman</b>	
13b. MOTHER'S MAIDEN NAME <b>Marie Toelke</b>		14. NAME OF HUSBAND OR WIFE <b>Ella Strehlman</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Elmira Barnhart, Fredericktown, Mo.</b>		ADDRESS _____	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Subdural Hemorrhage</b> <b>Tubercular Tubercula;</b> <b>suffered when truck operated and deceased was struck by</b> <b>back Island Train at crossing</b> <b>Leslie, Mo., Franklin</b> <b>County, about 2:35 pm,</b> <b>Dec 17, 1955.</b> DUE TO (b) _____ DUE TO (c) _____ 2. 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 _____	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE OR HOMICIDE (Specify) <b>Accident</b>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>E. E. Crossing</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Leslie (Franklin) Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Dec 17 55 2:35 pm</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>8:00</b> <b>1634 27</b>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE (Deceased or Heir) <b>Deputy</b>		23b. ADDRESS <b>1300 Clark</b>	
23c. DATE SIGNED <b>12/21/55</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>12-22-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Methodist Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Leslie, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b>	
25. ADDRESS <b>4700 Washington Blvd.</b>		DATE REC'D BY LOCAL REG. <b>DEC 22 1955</b>	

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

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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.....  
Signature of Student Embalmer

Signed *J. Wm. Dinkley*

Licensed Embalmer No. *363*

P. O. Address *J. Lane*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.