

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046376

STATE FILE NUMBER
10496

FILED DEC 22 1958

Station District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF HOSPITAL OR INSTITUTION 38 Central District Boys		Length of stay in 7b	d. STREET ADDRESS (If outside, give location) 217 1/2 2609 S. Grand
3. NAME OF DECEASED (Type or print) First Middle Last John C Stratmann			4. DATE OF DEATH Month Day Year Nov 1 1958
5. SEX M	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan 7, 1905
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dorm Room Attendant Memorial Home Washington Mo		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 53
13a. FATHER'S NAME John H. Stratmann		13b. MOTHER'S MAIDEN NAME Caroline Klingsick	11. BIRTHPLACE (City and state or country) Mo U.S.A.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Internal Hemorrhage DUE TO (b) Fracture of the Pelvis DUE TO (c) Support when struck by car PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) operated by unknown driver			17. INFORMANT Address Mrs Paul Ude, 1905 Kirkham, Gladstone, Missouri
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20c. TIME OF INJURY Hour Month, Day, Year 1:38 a.m. 11 1958		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of this certificate) Car struck on the sidewalk of 10th and Market Streets, about 38 am., November 1, 1958.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 25 Street	
20f. CITY, TOWN, OR LOCATION St. Louis Mo.		COUNTY STATE	
21. I attended the deceased from Death occurred at 745A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Patrick F. Taylor Carver		22b. ADDRESS 1300 Clark	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-4-58	
23c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery		23d. LOCATION (City, town, or county) (State) Washington, Mo	
24. FUNERAL DIRECTOR Wiebung & D. H. Inc - Washington Mo		25. DATE RECD. BY LOCAL REG. NOV 3 '58	
26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. S.P.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 30 1959

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 *Lester N. Witt*

Licensed Embalmer No. *3354*

P. O. Address *Washington, D.C.*

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.