

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-010291

STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 67

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

**FILED VS. MAR 16 1961**

1. PLACE OF DEATH  
 a. COUNTY St Charles  
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles Mo. Length of stay in 1b \_\_\_\_\_  
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Carmalite Nurse Home Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY St Charles  
 c. CITY OR TOWN St. Charles Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 723 Clay Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
John A. Strohmeier, Sr. Mar. 10, 1961

5. SEX male 6. COLOR OR RACE white 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 7-17-1887 9. AGE (last birthday) 73  
 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Pressman 10b. KIND OF BUSINESS OR INDUSTRY Printing 11. BIRTHPLACE (City and state or country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John Strohmeier 13b. MOTHER'S MAIDEN NAME Ida Koebel 14. NAME OF HUSBAND OR WIFE Charlotte Strohmeier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. unk 17. INFORMANT Address Wilbur Strohmeier

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Heart failure INTERVAL BETWEEN ONSET AND DEATH 1 hr.  
 DUE TO (b) Arterio-sclerotic Cardio Vasculas dis 10 yrs.  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) \_\_\_\_\_  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
 PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
 20c. TIME OF INJURY Hour \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. Month, Day, Year \_\_\_\_\_

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7 April '52 to Nov 25, 60 and last saw <sup>her</sup>/<sub>him</sub> alive on Nov 25, 1960  
 Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr. G. Richardson, M.D. 22b. ADDRESS Union, Mo. 22c. DATE SIGNED March 12, 61

23a. BURIAL, CREMATION, REMOVAL (Specify) removal 23b. DATE 3-13-61 23c. NAME OF CEMETERY OR CREMATORY St. Peters Cem. 23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

24. FUNERAL DIRECTOR ADDRESS Southern Funeral Home 25. DATE RECD. BY LOCAL REG. March 10, 1961 26. REGISTRAR'S SIGNATURE Marcella Wilson  
6322 S. Grand, St. Louis, Mo. (Licensed Embalmer's Statement on Reverse Side)

MAR 17 1961

**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 David Van Gassen

Licensed Embalmer No. 4242

P. O. Address St. Louis Mo

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.