

AMENDED

Registration District No. **318** Primary; Registration District No. **1003** Registrar's No. **6531** STATE FILE NUMBER

FILED JUL 25 1961

DATE AMENDED: 8/3/61
 INSTEAD OF: Hyperkalemia, uremia, renal Hyperkalemia
 DOCUMENT: Renal failure
 MEDICAL CERTIFICATION: Diabetic glomerulosclerosis
 SHOULD READ: Hyperkalemia, uremia, renal failure
 BY AFFIDAVIT OF Attending physician: Diabetic glomerulosclerosis

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis, Mo.** Length of stay in lbs _____
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Firmin Desloge Hospital** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Mo.** b. COUNTY _____
 c. CITY OR TOWN **St. Louis** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **4426 S. Compton Ave.** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **Mary** Middle **U.** Last **Strothkamp** 4. DATE OF DEATH Month **7** Day **12** Year **1961**

5. SEX **F** 6. COLOR OR RACE **W** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **3-14-1895** 9. AGE (last birthday) **66**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **At home** 11. BIRTHPLACE (City and state or country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Clements Mers** 13b. MOTHER'S MAIDEN NAME **Emma Messmann** 14. NAME OF HUSBAND OR WIFE **Louis M. Strothkamp**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) **no**

17. INFORMANT **Louis M. Strothkamp** Address **4426 S. Compton Ave.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Cardiac VENTRICULAR FIBRILLATION or arrest**
 DUE TO (b) **Hyperkalemia, uremia, renal failure**
 DUE TO (c) **Diabetic glomerulosclerosis**
Renal failure 260X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Do not relate to the terminal disease condition given in PART I) **Arteriosclerotic heart disease - arteriosclerosis** 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 _____ 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 **7-6-61** to **7-12-61** and last saw her/him alive on **7-12-61**
 Death occurred at **101 am** **7-12-61** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **M. L. Luman MD** 22b. ADDRESS **Firmin Desloge Hospital** 22c. DATE SIGNED **7-13-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **7-15-61** 23c. NAME OF CEMETERY OR CREMATORY **SS Peter & Paul Cemetery** 23d. LOCATION (City, town, or county) **St. Louis, Mo.** (State)

24. FUNERAL DIRECTOR **Gebken-Benz Mortuary** ADDRESS **2842 Meramec St.** 25. DATE RECD. BY LOCAL REG. **JUL 14 1961** 26. REGISTRAR'S SIGNATURE **Loard Smith MD**

1961 JUL 28 70P 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 _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Joe S Benz

Licensed Embalmer No. *4219*

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.