

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

28209

1. PLACE OF DEATH

County..... Registration District No. 791
 Townshp. St. Louis Primary Registration District No. 1003
 City St. Louis (No. 4859 Kossuth Ave. St. 7 Ward) (If nonresident, give city or town and State)

2. FULL NAME

(a) Residence. No. 4859 Kossuth Ave. St. 7 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mildred Stratmann (Sondermann)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 26, 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 11 16

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Treasurer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer St. Louis Seed Co

9. BIRTHPLACE (CITY OR TOWN) Quanzville
 (STATE OR COUNTRY) Ill.

10. NAME OF FATHER Antony Stratmann

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Catherine Pautler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Quanzville
 (STATE OR COUNTRY) Ill.

14. INFORMANT Mrs. Mildred Stratmann
 (Address) 4859 Kossuth Ave.

15. FILED 10 12 1930 W. C. Fink REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 11 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 16 1929 to Aug 11 1930
 that I last saw him alive on Aug 11 1930 and that death occurred, on the date stated above, at 2:30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Cerebral Embolus

117
207
Sudden (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Sub acute Bacterial Endocarditis
with Streptococcus Viridans Septicemia (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical Laboratory
 (Signed) L. N. Lindeman, M. D.

, 19 (Address) 4176^a Phreva

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Friedens DATE OF BURIAL Aug 13 1930

20. UNDERTAKER Mat. Hermann ADDRESS 2161 E. 2nd St. St. Louis

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

