

REC'D APR 12 1939

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

791  
1008

8397  
Do not use this space.

## 1. PLACE OF DEATH

(a) County.....  
(b) Township.....  
(c) City St. Louis  
(d) Street No. 3320 Magnolia St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Albert J. Stratmann

(a) Residence, No. 3320 Magnolia St. 1C  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 13 1859.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
79 3 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired  
9. Industry or business in which work was done, as saw mill, bank, etc. Produce Commission  
10. Date deceased last worked at this occupation (month and year).....  
11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Clair Co.  
(STATE OR COUNTRY) Illinois.

FATHER 13. NAME Not known

14. BIRTHPLACE (CITY OR TOWN) Not known  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) Not known  
(STATE OR COUNTRY)

17. INFORMANT A. E. Wigand  
(ADDRESS) 3320 Magnolia

18. BURIAL, CREMATION, OR REMOVAL  
PLACE N Picker Cem DATE 3/7/39

19. FUNERAL DIRECTOR (NAME) J. L. Ziegenhein & Sons  
(ADDRESS) 7027 Gravois Ave.

20. FILED MAR 6 1939 J. B. Bickel  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 4th 19 39

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1936, to March 4, 1939  
I last saw him alive on March 3, 1939. Death is said to have occurred on the date stated above, at 5-8 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Sigmoid

Date of onset

Other contributory causes of importance

Name of operation..... Date of.....  
What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?.....  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

So, specify St. Louis Church  
(Signed) J. L. Ziegenhein, M. D.  
(Address) 2200 Chestnut St.

**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 .....

Registered Apprentice No....., working under my personal supervision.

Signed *Clarence P. Kidwell*

Licensed Embalmer No. *38177*

P. O. Address *6937<sup>a</sup> Grand*

**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 this body is not embalmed, above space should be left blank.**