

REC'D MAY 10 1939

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

791
100813199
Do not use this space.

Registered No. 3541

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. Christian Hospital 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Mary Stratker

(a) Residence, No. 4009 Vest Ave St. 20
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 19 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 3 26

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

12. BIRTHPLACE (CITY OR TOWN) Peveley
(STATE OR COUNTRY) Mo

13. NAME Peter Brinkmann
Mo

14. BIRTHPLACE (CITY OR TOWN) UNKNOWN
(STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) Mo
(STATE OR COUNTRY)

17. INFORMANT Herman Stratker
(ADDRESS) 4009 Vest Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Bethlehem Cem DATE 4-19 1939

19. FUNERAL DIRECTOR (NAME) Beiderwieden Funeral Home
(ADDRESS) 1936 St Louis Ave Inc

20. FILED APR 17 1939 J. J. Budeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15 1939 19

22. I HEREBY CERTIFY, That I attended deceased from April 2 1939 to April 13 1939
I last saw her alive on April 15 1939. Death is said to have occurred on the date stated above, at 8:15 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Neurosis.
Cerebral Hemorrhage.
Probable

Date of onset

4/15/39

Other contributory causes of importance:

Arterial Sclerosis
Arterial Hypertension

Name of operation NO Date of
What test confirmed diagnosis? None 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?
If so, specify
(Signed) J. J. Budeck, M. D.
(Address) 2505 NO 13th

DN. Peeler
2505 W. 15th
9 to 10am

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No. 3737

P. O. Address 1936 B. Louis Ave

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.