

WHILE FILLING IN—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27838**
Registrar's No. **7338**

BUREAU OF THE CENSUS
1939 SEP 14 1939 **791**

Registration District No. **1008**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Not in hospital** **2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **35 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County _____
(c) City or town **St. Louis** **10**
(If outside city or town limits, write "RURAL")
(d) Street No. **4123 Glasgow Avenue**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **Since Birth** years.

3. (a) PRINT FULL NAME **MARTHA E. STRADTMANN, 363**

8. (b) If veteran, name war **None** 8. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Henry W. Stradtman** 6. (c) Age of husband or wife if alive **63 yrs**
July 29, 1877
(Month) (Day) (Year)

7. Birth date of deceased

8. AGE: Years **62** Months **0** Days **25** If less than one day _____ hr. _____ min.

9. Birthplace **Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **William Stephens**

13. Birthplace **Mo.** (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name **Martha Sitton**

15. Birthplace **Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Henry W. Stradtman**

(b) Address **4123 Glasgow Ave**

17. (a) **Burial** (b) Date thereof **Aug. 26, 1939**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Friedens**

18. (a) Signature of funeral director **J. J. Bradack**

(b) Address **2161 East Fair Ave.**

19. (a) **6661 G. Z. 9807** (Date received local registrar) (b) Signature **J. J. Bradack**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **23** year **1939** hour **9** minute _____ AM **AM** M.

21. I hereby certify that I attended the deceased from **Aug 18, 1936** to **Aug 23, 1939**, that I last saw her alive on **Aug 18, 1939**, and that death occurred on the date and hour stated above.

Immediate cause of death **Chc Myocarditis - congestive heart failure** Duration **3 yrs**
Due to _____
Due to _____
Other conditions **Adenitis Thyroid - 25 yrs**
Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature **F. A. Bellis** (M. D. or other) _____
Address **2739 Grand** Date signed **8-23-39**

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 Samuel Hampton

Licensed Embalmer No. 2967

P. O. Address. 2161 E. Fair Av

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.