SEP 19 1940

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

28649
Do not use this space.

1. PLACE OF DEATH
(a) County Howard 2 Registration District No. 379 552 0
(b) Township Chariton 0 Primary Registration District No. 4223 Registered No.
(c) City (d) Street No. 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 about 8 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 363 Hermann Hugo Strodtmann
(a) Residence, No. Howard County St.
(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 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 Mary Alice Glenn
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 6, 1875
7. AGE YEARS 65 MONTHS 2 DAYS 14 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Aug. 1940
11. Total time (years) spent in this occupation 45 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Augusta St. Charles Co. Missouri

FATHER
13. NAME Henry Strodtmann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Co. Mo.

MOTHER
15. MAIDEN NAME Minnie Angeli
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Co. Mo.

17. INFORMANT (ADDRESS) Mrs. Hugo Strodtman Marshall, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Gilliam Mo. DATE Aug. 17 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. W. Friemonth Glasgow, Mo.
20. FILED 8-31 1940 J. W. Gardner M.D. C.K. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 15 1940
22. I HEREBY CERTIFY, That I attended deceased from 8-15, 1940, to 8-15, 1940
I last saw him alive on 8-15, 1940 Death is said to have occurred on the date stated above, at 9:00 a.m.
The principal cause of death and related causes of importance were as follows:
Acute Myocarditis — Date of onset
93 W
Other contributory causes of importance:
Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?
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
If so, specify
(Signed) W. B. Kitchen M. D.
(Address) Glasgow, Mo.

Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS 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.

1 X14028

RECEIVED
District Health Officer No. 8
District File Number .....
Date Filed 9-9-40

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, ...
E. W. Freemouth, or by .....,

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

Signed E. W. Freemouth

Licensed Embalmer No. 3978

P. O. Address Glasgow, 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 this body is not embalmed, above space should be left blank.