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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 3 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12841

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3807

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hosp. #10 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 17
(c) City or town St. Louis 93 (If outside city or town limits, write "RURAL")
(d) Street No. 6606 Odell Av. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Frank H. Strattmann

3. (b) If veteran, name war no
3. (c) Social Security No. 489-16-3699

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Emma Strattmann
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Jan. 18 1867 (Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 4 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Watchman
11. Industry or business Schaeffer Bros. & Powell Mfg Co
FATHER
12. Name Frank Strattmann
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name Allemeyer
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Emma Strattmann
(b) Address 6606 Odell St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24-43 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cem
18. (a) Signature of funeral director Witt Bro. L. & N. Co.
(b) Address 2929 S. Jefferson Av.
19. (a) APR 24 1943 (Date received local registrar) J. F. Brueck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1943 hour 1 minute 15 a M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Subarachnoid Hemorrhage of Brain Terminal Pneumonia. Fracture of both Legs. When he was struck

Due to by a automobile Driven by one John Mathew Corocoran at

Due to Arsenel and Ivanhoe Sts about 10 Pm 4-11-43

Other conditions (Include pregnancy within 3 months of death) 0

Major findings:
Of operations 170
Of autopsy 9

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) Accident 000
(b) Date of occurrence St Louis Mo
(c) Where did injury occur? 4-11-43 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? (e) Means of injury

23. Signature Alfred Perry (M. D. or other) 3
Address Vegetty Conn Date signed 4/24/43

(Licensed Embalmer's Statement on Reverse Side)

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. Gustav W. Dietele

Licensed Embalmer No. 4329

P. O. Address. 29295 Jefferson

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, fact should be so stated above.