DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 27 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1039

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 347

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: Alexian Bros. Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 000 15

(a) State Missouri (b) County 17 15
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 4329 California Avenue
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME ALBERT J. STRATMAN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clara Stratman

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased November 23, 1897. (Month) (Day) (Year)

8. AGE: Years 46 Months 1 Days 17 If less than one day hr. min.

9. Birthplace St. Louis, Mo., O (City, town, or county) (State or foreign country)

10. Usual occupation Foreman-

11. Industry or business Great-Western Paper Box Co.

MOTHER FATHER

12. Name August Stratman

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

14. Maiden name Dont know

15. Birthplace Dont know O (City, town, or county) (State or foreign country)

16. (a) Informant Clara Stratman
(b) Address 4329 California Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/44 (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter&Paul Cem.

18. (a) Signature of funeral director Geiken-Berg
(b) Address 2842 Meramec St.

19. (a) JAN 12 1944 (Date received local registrar) (b) J. R. Bradley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10 year 1944 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from December 28, 1943, to January 10, 1944; that I last saw him alive on January 10, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis (Streptococcus) — Duration 4 mos.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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

23. Signature E. O'Leigh O (M. D. or other) MD
Address 3800 Gravois Building Date signed 1/11/44

(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.....Joe S. Berg.....

Licensed Embalmer No....4249.....

P. O. Address....2842 Meramec St., St. Louis,.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.