

FILED MAR 3 1947

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **A 837**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2620 Chippewa Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 58 years
(Specify whether years, months or days)

In this community 58 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2620 Chippewa Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country ----

3. (a) PRINT FULL NAME Mr. August Stratman

3. (b) If veteran, name war -----

3. (c) Social Security No. 490-03-1911

4. Sex Male 5. Color or race White

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

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

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased March 10, 1888
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>58</u>	<u>11</u>	<u>11</u>	hr. min.

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

10. Usual occupation Printer

11. Industry or business Warner Chemical Company

12. Name August Stratman

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

14. Maiden name Elizabeth Vaupel

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

16. (a) Informant Mrs. Clara Stratman

(b) Address 2620 Chippewa

17. (a) Burial (b) Date thereof Feb. 23, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul Churchyard

18. (a) Signature of funeral director Beiderwieden F. H., Inc.

(b) Address 1936 St. Louis Avenue

19. (a) FEB 24 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21 year 1947 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from 2/23/47 to 2/21/47, 1947

that I last saw him alive on 2/21 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Failing heart

Due to Myocarditis & VR disease

Due to -----

Other conditions 1947
(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? -----

While at work? ----- (Specify type of place)

(e) Means of injury -----

23. Signature Clarkson M.A. (M. D. or other) -----

Address 2800 A Chippewa Date signed 2/24/47

[Handwritten signature]

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 *Delis J. Kriepin*
Licensed Embalmer No. *3497*
P. O. Address *1936 St. Louis*

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.