

S. No. 2
-12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15999
Registrar's No. 1005-

Registration District No. 317 Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Manchester Nursing Home 4
(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:
(a) State Missouri (b) County St. Louis 96
(c) City or town Manchester BRENTWOOD 09
(If outside city or town limits, write "RURAL")
(d) Street No. 9127 MADGE 1
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME Frances Strohmeier
3. (b) If veteran, name war no 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May 30 day 3
year 1947 hour 6 minute 2 M.
21. I hereby certify that I attended the deceased from Jan 6
1947, to May 3, 1947
that I last saw her alive on May 3, 1947
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Feb. 9 1877
(Month) (Day) (Year)

Immediate cause of death.....
Chr. myocarditis
Due to.....
Due to..... 93d
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations.....
Of autopsy.....

8. AGE: Years Months Days If less than one day
70 2 24 hr. min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)
10. Usual occupation Nil

11. Industry or business.....
12. Name Henry Ruhr
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Theresa Unk
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

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.....

16. (a) Informant Mary Detjen
(b) Address 9127 MADGE BRENTWOOD MO
17. (a) Burial (b) Date thereof 5/6/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem
18. (a) Signature of funeral director E. J. Schnur
(b) Address E. J. Schnur 3125 Lafayette
19. (a) 5-6-47 (b) Creola Hartman
(Date received local registrar) (Registrar's signature)

23. Signature Ch. Denny (M. D. or other) MD
Address Creve Coeur, Mo Date signed 5-3-47

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

MOTHER FATHER

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.....

Jose B. Voller

Licensed Embalmer No. *41014*

P. O. Address *3125 Lafayette 4th*

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.