S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3135

FILED JAN 16 1948

Registration District No. 318 Primary Registration District No. 1000 1002 Registrar's No. 193

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: De Paul Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Days (Specify whether
In this community 60 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ocoee

(c) City or town Saint Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4456 N. Taylor Avenue 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Henry J. Strothenke

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 1

6. (b) Name of husband or wife Late Lena Strothenke

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

7. Birth date of deceased January 27th, 1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	11	8	hr. min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed 1

11. Industry or business

FATHER
12. Name Casper Strothenke
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown 1
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Strothenke
(b) Address 5432 Emerson Avenue

17. (a) Burial (b) Date thereof 1/8/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Calvin F. Feutz
(b) Address 4828 Natural Bridge Boulevard

19. (a) JAN 8 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5th
year 1948 hour 3 minute 55 P.M.

21. I hereby certify that I attended the deceased from 28 Dec 1947 to 5 Jan 1948;
that I last saw him alive on 5 Jan 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, bronchial

Due to Cardiac failure

Due to arteriosclerosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

Duration

PHYSICIAN

Underline the cause of 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? 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature Marlin C. Shoemaker (M. D. or other) M.D.
Address 3633 N. Newstead Date signed 7 Jan 48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

3633a N. Newstead Avenue
12:30 P. M. to 3:30 P. M. (Wed.)

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 Ralph E. Linden

Licensed Embalmer No. 4275

P. O. Address St. Louis, 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, fact should be so stated above.