

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED JUL 22 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **24766**  
Registrar's No. **6132**

Registration District No. **240** Primary Registration District No. \_\_\_\_\_

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

**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:  
Josephine Heitkamp Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 16 days  
(Specify whether \_\_\_\_\_)  
In this community 40 years  
(years, months or days)

**3. (a) PRINT FULL NAME** BEULAH M. STRETESKY  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced M /  
6. (b) Name of husband or wife Joseph R. 6. (c) Age of husband or wife if alive 51 years  
7. Birth date of deceased August 17, 1905  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
42 10 21 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Franklin County, Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation House-wife

11. Industry or business At Home

**MOTHER FATHER**  
12. Name William Montgomery a  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Talitha Elliott  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Alfred W. Schrader  
(b) Address 5514 St. Louis, Avenue

17. (a) Burial (b) Date thereof 7-10-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) JUL 10 1948 (Date received local registrar)  
J. F. Braddock (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 5514 St. Louis Avenue  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH Month July day 8<sup>th</sup>  
year 1948 hour 3:00 minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from Aug 1945  
19\_\_\_\_ to July 8<sup>th</sup> 1948 19\_\_\_\_  
that I last saw h. a alive on July 8<sup>th</sup> 1948 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 4 hrs  
Duration \_\_\_\_\_

Due to Hypertension chr

Due to Nephritis chr

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations 1/21  
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 John A. Blynn B&M.D. (M. D. or other)  
Address 1766 So 39<sup>th</sup> Date signed 7-9-48

Dr. John Flynn  
1715 So. 39th Street

6132

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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..... *A W Cooper* .....

Licensed Embalmer No. *3830* .....

P. O. Address *2301 Lafayette* .....

**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.**