

FILED OCT 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32224

State File No.

318

1003

8230

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY -		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Festus</u> <u>50</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnes D</u>		d. STREET ADDRESS (If rural, give location) <u>NR R# 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Carl</u>	b. (Middle) <u>F.</u>	c. (Last) <u>Stratmann</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 20 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>May 30, 1898</u>	9. AGE (In years last birthday) <u>51</u> IF UNDER 1 YEAR Months <u>3</u> Days <u>19</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>caretaker.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Country Club</u>	11. BIRTHPLACE (State or foreign country) <u>Festus, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Chas. Stratmann</u>	13b. MOTHER'S MAIDEN NAME <u>Barbara Kammerer</u>	14. NAME OF HUSBAND OR WIFE <u>Miss Anna Stratmann</u> ✓
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Anna Stratmann</u>	ADDRESS <u>Festus, R#1</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Meningitis, tuberculous (?)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>14</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>10X</u>
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22. I hereby certify that I attended the deceased from Sept 18, 1949, to Sept 20, 1949, that I last saw the deceased alive on Sept 20, 1949, and that death occurred at 5:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. L. Vermillion</u> (Degree or title)	23b. ADDRESS <u>Barnes Hosp</u>	23c. DATE SIGNED <u>9/20/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-24-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Gamel</u>	24d. LOCATION (City, town, or county) (State) <u>Festus Mo.</u>
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DATE REC'D BY LOCAL HEALTH DEPT. <u>SEP 24 1949</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>[Address]</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

8230

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.....

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Geoffrey R. Joliffe
Licensed Embalmer No. 3481

P. O. Address Crystal City

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.