

FILED MAY 27 1950

STANDARD CERTIFICATE OF DEATH

18695

State File No.

BIRTH NO. #91042		REG. DIST. NO. 318		PRIMARY REG. DIST. 1003		Registrar's No. 4496	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town or townships) St. Louis, Mo.		c. LENGTH OF STAY (In this place) 2 months		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 2109			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis City Hospital #1				d. STREET ADDRESS (If rural, give location) 4249 PLEASANT ST.			
3. NAME OF DECEASED (Type or Print)		a. (First) VICTOR		b. (Middle) STRADTMANN		c. (Last) Stradtman	
4. DATE OF DEATH		a. (Month) May		b. (Day) 19th		c. (Year) 1950	
5. SEX MALE		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JUNE 5, 1897	
9. AGE (In years last birthday) 52		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO	
11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME HENRY W STRADTMANN		13b. MOTHER'S MAIDEN NAME MARTHA STEPHENSON	
14. NAME OF HUSBAND OR WIFE CLORETTA M. STRADTMANN		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 CLORETTA STRADTMANN	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis 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. Pulmonary Emphysema.				INTERVAL BETWEEN ONSET AND DEATH Prolonged	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 3/31/50, 10, to 5/19/50, 10, that I last saw the deceased alive on 5/19/50, 10, and that death occurred at 4:10am, from the causes and on the date stated above.							
23a. SIGNATURE James A. Hutchinson				23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 5/19/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 22, 1950		24c. NAME OF CEMETERY OR CREMATORY ST. MATTHEWS CEMETERY		24d. LOCATION (City, town, or county) (State) ST LOUIS MO	
DATE REC'D BY LOCAL REG. 20 1950		REGISTRAR'S SIGNATURE J B Pasater		25. FUNERAL DIRECTOR'S SIGNATURE Bill Campbell		ADDRESS 4215 Lindell	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Signed

Rev. E. Campbell

Student Embalmer No.....

Licensed Embalmer No. *3881*

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.