

FILED OCT 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32253

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2354

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sappington</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>4836</u>	
c. LENGTH OF STAY (In this place) <u>9 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>27 Fox Meadows</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>27 Fox Meadows</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>August</u> b. (Middle) <u>H.</u> c. (Last) <u>Strathmann</u>			4. DATE OF DEATH: (Month) (Day) (Year) <u>Sept. 30, 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 29, 1899</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Contractor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bldg. Contractor</u>		11. BIRTHPLACE (State or foreign country) <u>Gelsen-Kirchen, Germany</u>	
13a. FATHER'S NAME <u>Herman Strathmann</u>			13b. MOTHER'S MAIDEN NAME <u>Lina Beckemeier</u>		14. NAME OF HUSBAND OR WIFE <u>Lucille Uthoff Strathmann</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lucille Strathmann, 27 Fox Meadows</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Contractor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bldg. Contractor</u>		11. BIRTHPLACE (State or foreign country) <u>Gelsen-Kirchen, Germany</u>	
13a. FATHER'S NAME <u>Herman Strathmann</u>			13b. MOTHER'S MAIDEN NAME <u>Lina Beckemeier</u>		14. NAME OF HUSBAND OR WIFE <u>Lucille Uthoff Strathmann</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lucille Strathmann, 27 Fox Meadows</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>8 month</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		ANTECEDENT CAUSES			4201
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 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) _____	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 Jan 30, 1950, to Sept. 30, 1950, that I last saw the deceased alive on Sept. 29, 1950, and that death occurred at 4:50 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Theo. H. Hauser M.D.</u> (Degree or title)	23b. ADDRESS <u>3701 Gravel Lane</u>	23c. DATE SIGNED <u>10/2/50</u>
--	--------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/3/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. <u>10-2-50</u>	REGISTRAR'S SIGNATURE <u>H. Donke M.D./Mh</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>BEIDERWIEDEN FUNERAL HOME, 1936 St. Louis</u>	ADDRESS _____
---	---	---	---------------

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

Dr. Theo. Hanser,
3701 Grandel Square

Hours - 2:00 to 4:30 P.M.

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.

Student Embalmer No.

Signed _____

Felix J. Krispin

Signed.....
Student Embalmer

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

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.