

FILED NOV 9 1951

STANDARD CERTIFICATE OF DEATH

State File No. 34738

BIRTH NO. --- REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 205

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) St. Charles		c. CITY (If outside corporate limits, write RURAL and give township) St. Charles	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 1817 North Third Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			

3. NAME OF DECEASED a. (First) Frank b. (Middle) F. c. (Last) Stratmann			4. DATE OF DEATH (Month) (Day) (Year) October 26-1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 14, 1868	9. AGE (In years last birthday) 83	IF UNDER 24 HRS. Hours Min. 6 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer-Lumber Dept		10b. KIND OF BUSINESS OR INDUSTRY R.R. Car Co		11. BIRTHPLACE (State or foreign country) St. Charles County, Mo	
				12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Henry Stratmann		13b. MOTHER'S MAIDEN NAME Jane Kemper		14. NAME OF HUSBAND OR WIFE Mary (Buschmeyer) Stratmann	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NIL		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Agnes Kirchoff-St. Charles, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Neurosyphage		INTERVAL BETWEEN ONSET AND DEATH 10 days.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
	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 331X		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 **Sept 20, 1951**, to **Oct. 26, 1951**, that I last saw the deceased alive on **Oct. 26, 1951**, and that death occurred at **10:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS St. Charles, Mo.		23c. DATE SIGNED 10-27-51	
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE Oct 29-1951		24c. NAME OF CEMETERY OR CREMATORY St. Charles Borromeo	
				24d. LOCATION (City, town, or county) (State) St. Charles Co., Mo	

DATE REC'D BY LOCAL REG. 10-27-51		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.C. Dallmeyer & Sons Co 800 N. 2nd St. Charles, Mo.	
---	--	---	--	---	--

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

23

File No. _____
DISTRICT HEALTH OFFICE No. 4

NOV 6 1951

RECEIVED

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.....
Student Embalmer

Signed Herbert C. Ballmeyer

Licensed Embalmer No. 4546

P. O. Address St. Charles, 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.