

**THE DIVISION OF HEALTH, OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**4081**

State File No. \_\_\_\_\_

**FILED JAN 17 1953**

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>0045</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>		c. LENGTH OF STAY (In this place) <u>D.O.A.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Manchester</u> <u>4000</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospt.</u>				d. STREET ADDRESS (If rural, give location) <u>Highway #50</u>					
3. NAME OF DECEASED a. (First) <u>WILLIAM</u>			b. (Middle) <u>LEE</u>		c. (Last) <u>STROTHKAMP</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 7, 1953</u>		
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>April 5, 1935</u>	9. AGE (In years last birthday) <u>17</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>High school</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Manchester, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Harry L. Strothkamp</u>			13b. MOTHER'S MAIDEN NAME <u>Florence Hellmann</u>		14. NAME OF HUSBAND OR WIFE <u>None</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>488-34-0545</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harry L. Strothkamp, Manchester, Mo.</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain damage, suffered while he was a passenger in an automobile of which the driver lost control when it skidded on the icy pavement causing it to collide with a tractor-trailer.</u> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>the driver lost control when it skidded on the icy pavement causing it to collide with a tractor-trailer.</u> DUE TO (c) <u>it to collide with a tractor-trailer.</u> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>						INTERVAL BETWEEN ONSET AND DEATH.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>400 E 8161</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>26</u> (COUNTY) <u>Hwy 66 at Tyson Park, St. Louis Mo.</u> (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1/7/53 8:30A</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Blunt impact</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Ernest Hellmann</u> (Degree or title) <u>3</u>				23b. ADDRESS <u>Clayton, Mo.</u>		23c. DATE SIGNED <u>1/8/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 10, 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph</u>		24d. LOCATION (City, town, or county) (State) <u>Manchester, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>1-8-53</u>	REGISTRAR'S SIGNATURE <u>Hubert R. D... - N.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Schrader Funeral Home</u>		ADDRESS <u>Ballwin, Mo.</u>			

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Richard Bepp*

Licensed Embalmer No. *P 4584*

P. O. Address *Ballwin, 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.