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FILED JUN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20432

State File No.

318

1003

5285

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	
b. CITY (If outside corporate limits, write RURAL and give town) <u>ST. LOUIS</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>ST. LOUIS</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CITY HOSPITAL</u>		f. STREET ADDRESS (If rural, give location) <u>23 2320 S. 10th ST</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARA</u> b. (Middle) c. (Last) <u>STROTJOHAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 15 1955</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>AUG. 6 1870</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	Hour	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WIDOW</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY?
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13. FATHER'S NAME <u>HENRY ZANDER</u>	13b. MOTHER'S MAIDEN NAME <u>KATHERINE KUEHLER</u>	14. NAME OF HUSBAND OR WIFE <u>HENRY STROTJOHAN (DEC'D)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>CECILIA SAUERWEIN</u>	ADDRESS <u>2320 S. 10th</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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>UNKNOWN? - PULMONARY INFECTION?</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>? phlebothrombosis</u> DUE TO (c) <u>Senility & arteriosclerosis</u>		
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"/>
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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)
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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>464X</u>
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22. I hereby certify that I attended the deceased from 9-4-53, 19 , to 6-15-55, 19 , that I last saw the deceased alive on 6-15-55, 19 , and that death occurred at 5:30P m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>Robert B. Deutchman M.D.</u>	23b. ADDRESS <u>1515 Lafayette</u>	23c. DATE SIGNED <u>6-17-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JUNE 18 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>S-S. PETER & PAUL</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u>
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DATE REC'D BY LOCAL REG. <u>JUN 20 1955</u>	REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Ruten</u>	ADDRESS <u>2906</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Leo J. Budde*
Licensed Embalmer No. *39*
P. O. address *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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.