

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **10293**

BIRTH NO.		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>3058</u>		Registrar's No. <u>85</u>	
1. PLACE OF DEATH a. COUNTY <u>Saint Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Charles</u>		c. LENGTH OF STAY (In this place) <u>2 weeks</u>		c. CITY OR TOWN <u>Saint Charles</u>		d. Residence within limits of a city or incorporated town? Very <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Colonial Nursing Home</u>				e. STREET ADDRESS (If rural, give location) <u>1321 North Third St. 0923</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>		b. (Middle) <u>F.</u>		c. (Last) <u>Stratmann</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 11, 1956</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb. 5, 1870</u>	
9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>6</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Floor Man (retrd)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>A.C.F.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Saint Charles Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Stratmann</u>			13b. MOTHER'S MAIDEN NAME <u>Jane Kemper</u>			14. NAME OF HUSBAND OR WIFE <u>Agnes E. Stratmann</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 ADDRESS <u>Ed. Kirchoff, St. Charles, Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Possible Bronchoma Colon</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200 H</u>				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 <u>Feb. 28, 1956, to March 11, 1956</u> that I last saw the deceased alive on <u>March 10, 1956</u> , and that death occurred at <u>6:00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>St. Charles, Mo.</u>		23c. DATE SIGNED <u>March 12, 1956</u>	
24a. BURIAL (CREMATION REMOVAL) (Specify) <u>Burial</u>		24b. DATE <u>March 14, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Saint Charles, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>March 12, 1956</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>St. Charles, Mo.</u>	

(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 e  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Frank R. Amala*  
Licensed Embalmer No.....  
P. O. Address *St. Charles*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.**  
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.