

Health,
Welfare
Public
Service

XC-1993 546

FILED MAR 19 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012365
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2562**

300
-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN BERGER Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL		Length of stay in lb 4 Hrs. 20 Min.	3a. STREET ADDRESS (If outside, give location) 360 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First HERMAN Middle C. Last STROTHMANN	4. DATE OF DEATH Month MARCH Day 1 Year 1958
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3/16/92	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) POSTMASTER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) BERGER, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME FREDERICK STROTHMANN	13b. MOTHER'S MAIDEN NAME MARY DREWEL	14. NAME OF HUSBAND OR WIFE PAULINE STROTHMANN
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address VA HOSP. RECORDS, ST. LOUIS, MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION		INTERVAL BETWEEN ONSET AND DEATH 3 days
DUE TO (b) CORONARY ARTERY THROMBOSIS		3 days
DUE TO (c) CORONARY ARTERY ARTERIOSCLEROSIS		5 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420-1		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 2/28/58 to 3/1/58 and last saw her alive on 3/1/58 Death occurred at 130 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) B. O. Eschmann M.D.	22b. ADDRESS New Haven Mo	22c. DATE SIGNED 3/1/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/4/58	23c. NAME OF CEMETERY OR CREMATORY St John's Ev R Cem	23d. LOCATION (City, town, or county) (State) BERGER Mo
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24. FUNERAL DIRECTOR ADDRESS Paul H Blum Berger Mo	25. DATE RECD. BY LOCAL REG. MAR 3 '58	26. REGISTRAR'S SIGNATURE Carl Smith MO <i>m & b</i>
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(Licensed Embalmer's Statement on Reverse Side)

Cleared thru Mr. Kelly, Deputy Coroner by Dr. A. Szikes
USE ONLY BLACK INK OR RIBBON TYPEWRITER IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.

MAR 20 1958

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 *Elton R. Remelius*

Licensed Embalmer No. *4283*

P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.