

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-17998
STATE FILE NUMBER

FILED JUN 12 1958 Registration District No. 144 Primary Registration District No. 4233 Registrar's No. 55

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|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Iron | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Iron | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Arcadia | | c. CITY OR TOWN Arcadia <u>0470</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ursuline Academy | | d. STREET ADDRESS (If outside, give location) Ursuline Academy | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Sister Agatha Strautmann | | 4. DATE OF DEATH Month Day Year June 3 1958 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Jan. 9, 1892 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sewing, housework | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years last birthday) 66 |
| 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U. S. | |
| 13a. FATHER'S NAME Bernard Strautmann | | 13b. MOTHER'S MAIDEN NAME Anna Kohlberg | 14. NAME OF HUSBAND OR WIFE |
| 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. None | 17. INFORMANT Address Mother Carmelita, 082 U. Arcadia, Mo. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerotic heart disease.</u> DUE TO (c) <u>4200</u> | | | INTERVAL BETWEEN ONSET AND DEATH minutes 1 year |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT <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 |
| 21. I attended the deceased from <u>6/3/58</u> , to _____ and last saw her/him alive on <u>6/3/58</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Marvin C. Meunier MD | | 22b. ADDRESS Ironton, Missouri | 22c. DATE SIGNED 6/5/58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE 6-5-58 | 23c. NAME OF CEMETERY OR CREMATORY Convent Cemetery | 23d. LOCATION (City, town, or county) (State) Arcadia Missouri |
| 24. FUNERAL DIRECTOR White Funeral Home, Ironton Mo. | | 25. DATE RECD. BY LOCAL REG. 6-6-58 | 26. REGISTRAR'S SIGNATURE Mrs. Ann Jones |

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

JUN 12 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 *Russell White*

Licensed Embalmer No. *3912*

P. O. Address *Ormeton, Ill.*

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.