

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027261

FILED VS JUL 24 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 6694** STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1421 DeSoto Avenue		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Emil Middle T Last Strathman				4. DATE OF DEATH Month July Day 16 Year 1959					
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 8-29-1881		9. AGE (last birthday) 77 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pattern Maker & Carpenter			10b. KIND OF BUSINESS OR INDUSTRY Mississippi Glass Co		11. BIRTHPLACE (City and state or country) St. Charles, Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME (Retired) August Strathman			13b. MOTHER'S MAIDEN NAME Louise Diekamp			14. NAME OF HUSBAND OR WIFE Clara M. Strathman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 492-05-3989		17. INFORMANT Address Mrs. Clara M. Strathman, 1421 E. De Soto				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis							INTERVAL BETWEEN ONSET AND DEATH 24 hr.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Advanced arteriosclerotic vascular disease							10 yrs.		
DUE TO (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 _____ a.m. _____ p.m. Month, Day, Year _____									
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	
21. I attended the deceased from 9-20-50 to 7-16-59 and last saw her/him alive on 7-16-59 Death occurred at 9:20 p. m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE C. E. Mueller (Degree or title) MD.				22b. ADDRESS 634 N. Grand Blvd.				22c. DATE SIGNED 7/17/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Entombment		23b. DATE July 20, 1959		23c. NAME OF CEMETERY OR CREMATORY Friedens Mausoleum		23d. LOCATION (City, town, or county) (State) St. Louis, Missouri			
24. FUNERAL DIRECTOR ADDRESS Math Hermann & Son, Inc. 2161 E. Fair Ave				25. DATE RECD. BY LOCAL REG. JUL 17 '59		26. REGISTRAR'S SIGNATURE Karl Smith, M.D. <i>K.P.</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clement M. Neave

Licensed Embalmer No. 3732

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.