

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034154

Registration District No. **318** Primary Registration District **1003** Registrar's No. **8483** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1  
2 **40029**

3  
4 **0**

5  
6 **1**

7 **0**

8 **1**

9

10

11

12 **92-3**

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

**FILLED SEP 6 1963**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY **St. Louis**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in lb **D.O.A.** c. CITY OR TOWN **Clayton** Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Louis City Hospital** Inside Limits Yes  No  d. STREET ADDRESS (If outside, give location) **7720 Shirley Dr.** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **ARTHUR** Middle **EDWARD** Last **STRATHMAN, Sr.** 4. DATE OF DEATH Month **August** Day **19** Year **1963**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **12/5/1899** 9. AGE (last birthday) **63** IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 24 HR Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired** 10b. KIND OF BUSINESS OR INDUSTRY **Rosenthal-Ackerman** 11. BIRTHPLACE (City and state or country) **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Frederick Strathman** 13b. MOTHER'S MAIDEN NAME **Annie Hackemeier** 14. NAME OF HUSBAND OR WIFE **Lydia Nesperly Strathman**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) **No** 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT Address **Mrs. Arthur E. Strathman 7720 Shirley Dr.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **Coronary Sclerosis with coronary thrombosis.** DUE TO (b) \_\_\_\_\_ DUE TO (c) **4201**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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  NOT WHILE AT WORK  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 \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_ 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) **Paul J. Simon Deputy Coroner** 22b. ADDRESS **1300 Clark** 22c. DATE SIGNED **8/20/63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **8/21/1963** 23c. NAME OF CEMETERY OR CREMATORY **Hiram Burial Park** 23d. LOCATION (City, town, or county) (State) **St. Louis County, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Alexander & Sons 6175 Delmar Blvd** 25. DATE RECD. BY LOCAL REG. **AUG 20 1963** 26. REGISTRAR'S SIGNATURE **Paul Smith, M.D.**

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 me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Walter S. Vidder

Licensed Embalmer No. 5031

P. O. Address 6175 Delmar  
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.