

FILED JUN 11 1946

Registration District No. **316**

Primary Registration District No. **3060**

Registrar's No. **175**

1. PLACE OF DEATH:

(a) County **St. Francois**
(b) City or town **Farmington**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **/**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **26 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Francois**
(c) City or town **Farmington**
(If outside city or town limits, write "RURAL")
(d) Street No. **518 N.A.** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Louise Elizabeth Strahlman**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **F** / 5. Color or race **W**
6. (a) Single, widowed, married, divorced **W**
6. (b) Name of husband or wife **Detrick F. Strahlman** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **May** **20** **1864**
(Month) (Day) (Year)

8. AGE: Years **82** Months **2** Days _____ If less than one day hr. _____ min.

9. Birthplace **Womac, Madison, Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Home Maker**

11. Industry or business _____

MOTHER FATHER

12. Name **Daniel C. Miller**
13. Birthplace **Farmington, Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Minnie G. Eggert**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Anna Strahlman**
(b) Address **518 N. St.**

17. (a) **B.** (b) Date thereof **May 25, 46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Copenhagen**

18. (a) Signature of funeral director **C. H. Cozear**
(b) Address **Farmington, Mo.**

19. (a) **5/25/46** (b) **Esther Rudloff**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **23**
year **1946** hour **6** minute **30** P.M.
21. I hereby certify that I attended the deceased from **May 19**
1946 to **May 23** **1946**
that I last saw her alive on **May 23** **1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia**
Duration **3 days**

Due to **Arteriosclerosis**

Due to **Senility**
General Arteriosclerosis

Other conditions **Arteriosclerosis**
(Include pregnancy within 3 months of death)

Major findings: **Heart Disease; Gangrene, left foot**
Of operations _____

Of autopsy **A**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury **C**

23. Signature **F. Richard Couch** (M. D. or other) **M. D.**
Address **714 St. Genevieve** Date signed **May**

289 (Licensed Embalmer's Statement on Reverse Side) **Farmington, Mo. 25, 46**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
16734

District Health Officer No. 4
District File Number 646-2231
Date Filed 6-10-46

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed CA Cozart
Licensed Embalmer No. 4084
P. O. Address Ferrington 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 this body is not embalmed, fact should be so stated above.