MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

21826

1. PLACE OF DEATH

County..... Registration District No. 781 / 7005

Township..... Primary Registration District No.....

City St Louis (No. 5335 Delmar St. Ward)

File No.....

Registered No. 5938

2. FULL NAME Charles Strand

(a) Residence. No. 5335 Delmar St., 12 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 20th 1883

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	45	0	12	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Never employed

(b) General nature of industry, business, or establishment in which employed (or employer) Invalid

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) Michigan

PARENTS

10. NAME OF FATHER August Strand

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) Mich.

12. MAIDEN NAME OF MOTHER Elsie Hansen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Mich

14. INFORMANT W. E. Strand
(Address) 5335 Delmar

15. FILED JUN -2 1928, 19..... Mary C Voarhees
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 2nd 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 12, 19 25, to June 1, 19 28, that I last saw h. alive on June 1, 19 28, and that death occurred, on the date stated above, at 2 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia Lobar

100

CONTRIBUTORY (SECONDARY) 101 (duration) yrs. mos. 5 ds.

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) H. G. Jinks, M. D

June 2, 1928 (Address) 965 Hamilton

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Otsego, Mich — DATE OF BURIAL 6-2- 1928

20. UNDERTAKER Wagner — ADDRESS 3621 Olive

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.