

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

Do not use this space.

2386

**1. PLACE OF DEATH**

County St. Louis Registration District No. 1170  
 Township Central Primary Registration District No. 6248H  
 City Richmond Heights No. St. Mary's Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Eva May Strayhorn

(a) Residence, No. 7245 Zephyr Pl. St. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>—</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 17, 1923</u>		
7. AGE YEARS <u>8</u>	MONTHS <u>10</u>	DAYS <u>15</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>child in school</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Missouri 1</u>	
	13. NAME <u>Walter F. Strayhorn</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas 2</u>	
MOTHER	15. MAIDEN NAME <u>Leva Dennis</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mecham Mo. 1</u>	
17. INFORMANT <u>Walter F. Strayhorn</u> (ADDRESS) <u>7245 Zephyr Pl.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hannibal Mo.</u> DATE <u>Jan. 3, 1932</u>		
19. UNDERTAKER <u>Croghan Und. Co. Inc.</u> (ADDRESS) <u>7146 Manchester Ave</u>		
20. FILED <u>1/2</u> 19 <u>32</u> <u>Lo B Jensen</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 1, 1932

22. I HEREBY CERTIFY That I attended deceased from Nov-21-, 1931; to Jan. 1st, 1932  
 I last saw her alive on Jan. 1st, 1932 Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

Cholangitis  
Thrombocytopenic Purpura  
1931-1932  
 Other contributory causes of importance:  
Pneumonia lobar

Date of onset  
11/21/31  
12/29/31  
12/31/31

Name of operation Pleurectomy Date of 12-30-31  
 What test confirmed diagnosis? Blood Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) Ralph E. Gaston, M. D.  
 (Address) Webster Groves, Mo

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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