

WRITE 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.

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

Do not use this space.

15128

**1. PLACE OF DEATH**

County St. Louis Mo. Registration District No. 7901  
 Township St. Louis Mo. Primary Registration District No. 6009  
 City (No. City Hospital #2) St. 18 Ward 18

File No. \_\_\_\_\_  
 Registered No. 3654  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Blaughe Stratton  
 (a) Residence, No. 3328 Faralle St., 18 Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. 2 mos. 7 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>col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-13-1912</u>		
7. AGE	YEARS <u>21</u>	MONTHS <u>2</u>
	DAYS <u>7</u>	IF LESS than 1 day, _____ hrs. or _____ mln.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>2036</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housework</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>		
FATHER	13. NAME <u>David Stratton</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Plymouth Ark.</u>	
MOTHER	15. MAIDEN NAME <u>Carrie Holly</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Waver 2nd</u>	
17. INFORMANT (ADDRESS) <u>X Carrie Stratton 3328 Faralle St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington Park</u> DATE <u>Apr. 24</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>Walter &amp; Schuchill Parkwood, Mo.</u>		
20. FILED <u>APR 22 1933</u> <u>Max C. Parkley</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-20 1933

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 4:30 a.m.

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

Concussion of Brain  
Fracture of Bones of Face  
received when an auto, in which she was riding, collided with a street car in St. Louis, Mo.

Other contributory causes of importance:  
Minimal Pneumonia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What last confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accidents, suicide, or homicide? Auto. Co. Date of injury 4/13, 1933  
 Where did injury occur? St. Louis, Mo.  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
Public Place

Manner of injury Pneumonia between auto & St. Car  
 Nature of injury Concussion of Brain

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_

(Signed) Nazario J. Kelly M.D.  
 (Address) City of St. Louis

4/21/33

