

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

Do not use this space.

21321

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, (No. City Hospital # 2)

Registration District No. 721
Primary Registration District No. 723
City Hospital # 2

File No. 5104
Registered No.
St. Ward)

2. FULL NAME Ethel Strong

(a) Residence, No. 4321 Labadie St. 10 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>Colored</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u> |
|-------------------------|------------------------------------|---|

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4, 1886

| | | | | |
|--------|-----------|-----------|-----------|----------------------------------|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
| | <u>46</u> | <u>11</u> | <u>29</u> | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

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.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Slater Missouri

13. NAME Ed Gaines

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Sarah Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Maudie Hemmons 911 N. Compton Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 6/11, 1933

19. UNDERTAKER (ADDRESS) C. W. Roberts 3035 Lucas Avenue

20. FILED 11 1933 J. F. Bredeck Registrar.

No physician certificate of death

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1933

22. I HEREBY CERTIFY That I attended deceased from 2, 1933, to 10, 1933.

I last saw him..... alive on..... 19..... Death is said

to have occurred on the date stated above, at 10:00 a.m.

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

Robert Pneumonia
Gun Shot Wound of
Chest 172
153

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Homicide Date of injury 5/31, 1933

Where did injury occur? at home No. Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Gun Shot Wound of Chest

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify..... (Signed) J. P. Rooney

(Address) St. Louis, Mo.

6/11/33

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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