AUG 18 1936

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

Do not use this space.
25043

791

1. PLACE OF DEATH

County ...... Registration District No. 791 ...... File No. ......

Township ...... Primary Registration District No. 1003 ...... Registered No. 6740

City St. Louis (No. 3305 Lawton Blvd. St. ...... Ward)

2. FULL NAME Ben Strozier

(a) Residence, No. 3305 Lawton St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Beatrice Strozier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 16, 1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ......min.
	60	4	18	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bank Building

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): Arkansas

FATHER

13. NAME: Thad Strozier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arkansas

MOTHER

15. MAIDEN NAME: Frances (Unk)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arkansas

17. INFORMANT: Beatrice Strozier
(ADDRESS): 3305 Lawton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE July 5 1936

19. UNDERTAKER: J. H. Harrison
(ADDRESS): 2906 Lawton

20. FILED JUL 3 1936 J F Bredeck *Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 30, ~~1890~~ 1936

22. I HEREBY CERTIFY, That I attended deceased from May 20 1936, to June 30 1936

I last saw h im alive on June 28 1936 Death is said to have occurred on the date stated above, at 7 p. m.

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

Uraemia — 14 d

(31)

Other contributory causes of importance:
Chronic Parenchym. Nephritis — 3 mo.

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

What test confirmed diagnosis? Clinical 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) Vincent J. Muello M. D.

(Address) 2335 Franklin

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