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

JAN 10 1937

Do not use this space.

47035

File No. 791

Registered No. 12862

Registration District No. 1003

Primary Registration District No.

1. PLACE OF DEATH

County

Township

City St Louis (No. En Route City Hospital #2 St. Ward)

2. FULL NAME JAMES WILLIAMS STRONG

(a) Residence, No. 2321 CARR St., 21 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: 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~~ ELIZABETH STRONG

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-5-1917

7. AGE: YEARS 19 | MONTHS ~~July~~ 5 | DAYS 7 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

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) MISS

FATHER

13. NAME JOHN STRONG

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

MOTHER

15. MAIDEN NAME Bessie HODGES

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

17. INFORMANT (ADDRESS) Bessie STRONG 2321 CARR

18. BURIAL, CREMATION, OR REMOVAL (PLACE) Bethesda Cemetery DATE 12-31 1936

19. UNDERTAKER (ADDRESS) Lowe Bros. Co. 3003 Washington

20. FILED DEC 30 1936 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 22, 1936

22. No Physician in attendance. 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 12 30 p.m.

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

	Date of onset
Acute Internal Abdominal Hemorrhage, Penetrating gunshot Wound of Abdomen involving left Iliac Artery	

Other contributory causes of importance:

caused by bullet fired from gun in hands of Police Officer in the performance of his duties

Name of operation ~~Autopsy Homicide~~ 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? Just Hom Date of injury 12/22, 1936

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 Shot by Police Officer

Nature of injury Gunshot Wound of Abdomen

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

If so, specify

(Signed) Harold H. Schulz, M.D.

(Address) Neffer

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

MARGIN RESERVED FOR BINDING

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