

JUN 30 1937

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

Do not use this space.

21575

1. PLACE OF DEATH

County St. Louis
Township
City St. Louis (No. _____ St. _____ Ward)

Registration District No. 875
Primary Registration District No. 3039

File No. _____
Registered No. 134

2. FULL NAME

Walter Strong
(a) Residence, No. 250 N. Elm St., 2 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 2 5

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

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

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) Indiana not known

13. NAME not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) J. R. Stout
Wacker mo

18. BURIAL, CREMATION, OR REMOVAL Monroe chapel DATE May 11, 1937

19. UNDERTAKER (ADDRESS) First General Home
St. Louis, mo

20. FILED 5-13-37 M. Critchey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1937 to May 9, 1937

I last saw him alive on May 9, 1937. Death is said

to have occurred on the date stated above, at 11:30 a.m.

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

Cerebral & lacunar
brain, Fracture of clavicle
and compound fracture
Rt. tibia and fibula

Other contributory causes of importance: Hypertension, Chronic
myocarditis

Name of operation Reduction fractures Date of _____

What test confirmed diagnosis Ray Was there an autopsy No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide Accidental injury May 8, 1937

Where did injury occur? Monroe Chapel (Specify city or town, county, and State)

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

Reduction of fracture

Manner of injury Struck by stone

Nature of injury See Cause of death

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) W. H. Ray, M. D.

(Address) St. Louis, Mo

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.

