

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

4064  
Do not use this space.

FEB 16 1938

1. PLACE OF DEATH  
 (a) County St. Louis Registration District No. 1170  
 (b) Township Jefferson Primary Registration District No. 6248th Registered No. 267  
 (c) City Richmond Heights (d) Street No. 1302 Poland Place St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Alitha Strain 365  
 (a) Residence, No. 1302 Poland Place St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Barney Strain

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8, 1861

7. AGE YEARS 76 MONTHS 1 DAYS 1 If LESS than 1 day, hrs. or mln.

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

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

10. Date deceased last worked at this occupation (month, and year) April 19, 1935

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright City, Mo

13. NAME unknown 31

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 31

15. MAIDEN NAME unknown

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

17. INFORMANT Blair Strain  
(ADDRESS) 1918 5th Madison

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Lincoln Mo DATE Dec 26, 1937

19. FUNERAL DIRECTOR Francis J. Lacey  
(ADDRESS) Madison, Mo.

20. FILED Dec 23, 1937 Ram B. Barrett  
Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1935, to Dec 23, 1937  
 I last saw her alive on Dec 22, 1937. Death is said to have occurred on the date stated above, at 12:15 A.M.  
 The principal cause of death and related causes of importance were as follows:  
5 Nephros Disease  
(Abdominal Type)  
Pol-System Emor

Other contributory causes of importance:  
12/12

Name of operation None Date of —  
 What test confirmed diagnosis? Excised 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) James Ray Cummings, M. D.  
 (Address) 444 N. Euclid St.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**