

REC'D APR 11 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

9315
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003** Registered No. **2904**
(c) City *St. Louis, Mo.* (d) Street No. **BARNES HOSPITAL** 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. ds.

2. PRINT FULL NAME *Arvil William Stringer 365*

(a) Residence, No. *4005 1/2 Lafayette* St. **17** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 11, 1908.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
29 8 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc.
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dent County, Missouri.**

FATHER 13. NAME **Wm. Austin Stringer**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dent County, Missouri.**

MOTHER 15. MAIDEN NAME **Carrie Meyars**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Crawford County, Missouri.**

17. INFORMANT (ADDRESS) **Marvin Stringer
Ferguson, Missouri.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Desloge, Missouri** DATE **March 31, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Albert H. Hoppe Inc.,
429 N. Euclid Ave.**

20. FILED **27 1938** *J.P. Bredel* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3/27/38** 19

22. I HEREBY CERTIFY, That I attended deceased from **3-14-38**, 19, to **3-27-38**, 19.

I last saw him alive on **3-27-38**, 19. Death is said to have occurred on the date stated above, at **7:45 a.m.**

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

*pituitary basophilism
ESSENTIAL Hypertension
UREMIA due to pyelonephritis
non-calculous*

Date of onset

Other contributory causes of importance: *Coronary heart disease*

Name of operation **gfb** 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? 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?

If so, specify (Signed) **B. H. Clarke**, M. D.

(Address) **BARNES HOSPITAL**

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.

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

Guy W. Wilkinson

Licensed Embalmer No.

3575

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.)