

REC'D SEP 12 1938

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

27422

Do not use this space

7436

1. PLACE OF DEATH

- (a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City St. Louis, Missouri (d) Street No. 2833 Shenandoah 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 Frank Daniel Strong **365**

- (a) Residence, No. 2833 Shenandoah Ave St. **23**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Annie Strong</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 19, 1867.</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>3</u>
	DAYS <u>2</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Carpenter</u>	
	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) <u>1933</u>	
	11. Total time (years) spent in this occupation <u>50 yrs.</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cincinnati, Ohio.</u>		
FATHER	13. NAME <u>Danie Strong</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Pennsylvania.</u>	
MOTHER	15. MAIDEN NAME <u>Catherine Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Pennsylvania.</u>	
17. INFORMANT <u>Annie Strong</u> (ADDRESS) <u>2833 Shenandoah Ave.,</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cemetery</u> DATE <u>August 23, 1938</u>		
19. FUNERAL DIRECTOR (NAME) <u>Albert H. Hoppe Inc.,</u> (ADDRESS) <u>429 N. Euclid Ave.</u>		
20. FILED <u>AUG 22 1938</u> <u>J. B. Biedeck</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1938 to Aug 21, 1938
 I last saw him alive on Aug 20, 1938 Death is said to have occurred on the date stated above, at 7:30 m.

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

Chronic Myocarditis Date of onset 6 months

Other contributory causes of importance:

Valvular heart disease 2 yrs
1. nephritis (chronic)
Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) Whitcomb Hall M. D.(Address) 1625 ...

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed

Albert H. Hays

Licensed Embalmer No. *1861*

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.