

OCT 24 1938

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registered No. **33362**

1. PLACE OF DEATH

County Saint Louis ¹⁷⁸⁴ State Missouri
 Township Parsons or Village _____ or
 City Jefferson Barracks No. Veterans Administration Facility St. _____ Ward
Unkn. (If death occurred in a hospital or institution, give its name instead of street and number)
 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.

2. FULL NAME Fred A. STRICKLIN

(a) Residence: No. 1800 Texas Avenue, Saint Louis, Missouri, Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5a. If married, widowed, or divorced HUSBAND of Mrs. Lilly Stricklin (or) WIFE of		
6. DATE OF BIRTH (month, day, and year) June 2, 1889		
7. AGE Years 49	Months 4	Days 16 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman		
9. Industry or business in which work was done, as silk mill, 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) Iron County, Missouri
 (State or country)

13. NAME Sam Stricklin

14. BIRTHPLACE (city or town) Iron County, Missouri
 (State or country)

15. MAIDEN NAME Clara Sutterfield

16. BIRTHPLACE (city or town) Reynolds County, Missouri
 (State or country)

17. INFORMANT Clinical Med. Sgt. Jefferson
 (Address) Barracks, Missouri

18. BURIAL, CREMATION, OR REMOVAL
 Place _____ Date _____, 19____

19. UNDERTAKER HOFFMEISTER U. & L. CO.
 (Address) Saint Louis, Missouri

20. FILED _____, 19____
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) **October 16, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **April 5**, 1938 to **October 18**, 1938

I last saw him alive on **October 18**, 1938 death is said to have occurred on the date stated above, at **1:20 P.M.**
 The principal cause of death and related causes of importance were as follows:

Carcinoma of rectum, recurrent. Date of onset **Unkn.**

Other contributory causes of importance:

None

Name of operation **None** Date of _____
Phy. clinical manif. and laboratory
 What test confirmed diagnosis? _____ 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? _____

If so, specify _____

(Signed) **C. W. HUGHES, Chief Med. Officer**

(Address) **VAF, Jefferson Barracks, Mo.**

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. See instructions on back of certificate.

See OCCUPATION tab by important

HP

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

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

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other contributory causes of importance:

Gallstones

May 1, 1923

Example II

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

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

33362
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No.
(b) Township Carondelet Primary Registration District No. Registered No.
(c) City (d) Street No. 21st adms Facility 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

Fred A Stricklin
(a) Residence, No. 1800 Texas Ave South House 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

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 4 16

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. motorman
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) Iron County - Mo

FATHER
13. NAME Sara Stricklin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron County Mo

MOTHER
15. MAIDEN NAME Clara Duttonfield

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Raymond Co Mo

17. INFORMANT (ADDRESS) Jeff B. Burks

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem DATE 10-22-1938

19. FUNERAL DIRECTOR (ADDRESS) Hoffmaster U & L Co

20. FILED 1079 1938 T.R. Meyer M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 16 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr. 5 to Oct 18, 1938
I last saw him alive on Oct 18, 1938 Death is said to have occurred on the date stated above, at 1:20 P.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of rectum re-current Date of onset

Other contributory causes of importance: none

Name of operation none Date of lat

What test confirmed diagnosis? Ray Clinical manifest 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) C. W. H. ... (Address) Val Jeff Burks

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

