

1930 JAN 21 1930

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

40860  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791  
(b) Township ..... Primary Registration District No. 1008  
(c) City St. Louis (d) Street No. 4120 Ca stlema n 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

365 OLIVER LEONARD STRAWHUN  
(a) Residence, No. 4120 Ca stlema n St. 17  
(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 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 Nancy Stra whun  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18, 1869  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 69 7 18  
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as saw mill, bank, etc. Ca rp enter  
10. Date deceased last worked at this occupation (month and year) Dec. 30, 1938 11. Total time (years) spent in this occupation .....  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps County Mo.  
FATHER 13. NAME John Stra whun  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
MOTHER 15. MAIDEN NAME -----D oyle  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
17. INFORMANT Wm. S. trawhun (ADDRESS) 4120 Ca stlema n  
18. BURIAL, CREMATION, OR REMOVAL PLACE New Bur g Mo. DATE 12- 8 1938  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lbert H. Ho ppe Inc.  
4700 W ashington Blvd,  
20. FILED: DEC 7 1938 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 6 1938  
22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1938 to Dec 6 1938  
I last saw him alive on Dec 6 1938 Death is said to have occurred on the date stated above, at 11:30 P. M.  
The principal cause of death and related causes of importance were as follows:  
Cerebral thrombosis (now traumatic) Date of onset Dec 6  
Other contributory causes of importance:  
Arterio Sclerosis 1937  
Name of operation none Date of .....  
What test confirmed diagnosis? clinical 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 was kept!  
(Signed) W. S. trawhun M. D.  
(Address) 4500 Olive St.

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.

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**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 Guy W. Wilkinson

Licensed Embalmer No. 3575

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.**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

40860  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 791

(b) Township St Louis Primary Registration District No. 1003

(c) City St Louis (d) Street No. .... (If death occurred in Hospital or Institution, write its name instead of street and number) St. ....

(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 Oliver Leonard Strawn

(a) Residence, No. .... St.  (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m

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

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

7. AGE YEARS 69 MONTHS 7 DAYS 18 If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as 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)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED FEB. 1, 1939 J. D. Bredak Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... I last saw h. .... alive on ....., 19... Death is said to have occurred on the date stated above, at ..... m. The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:

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?..... If so, specify V. B. Pfeiffer (Signed) ....., M. D. (Address) .....

SUPPLEMENTARY

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY THE BOARD

