

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1 X 1931

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.

Registration District No. 701 Primary Registration District No. _____

1. PLACE OF DEATH: 1003
(a) County _____
(b) City or town St. Louis, Missouri /
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Days
In this community about 6 wks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County _____
(c) City or town St. Louis 13
(If outside city or town limits, write "RURAL")
(d) Street No. 6733 Holzman
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME George Stratton 267
(b) If veteran, name war No.
(c) Social Security No. None
4. Sex Male
5. Color of race White
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Oct 20 1892
(Month) (Day) (Year)
8. AGE: Years 67 Months 2 Days 16
If less than one day hr. _____ min.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 6,
year 1940 hour 8:40 minute P. M.
December 30, 1939
21. I hereby certify that I attended the deceased from January 6, 1940
and that death occurred on the date and hour stated above.

9. Birthplace Mass
(City, town, or county) (State or foreign country)
10. Usual occupation Appl. Mgr
11. Industry or business _____
MOTHER FATHER {
12. Name Schuyler Stratton /
13. Birthplace Mass
(City, town, or county) (State or foreign country)
14. Maiden name Jane Schuyler
15. Birthplace Ind
(City, town, or county) (State or foreign country)
16. (a) Informant's own signature Mrs. Jane Stratton
(b) Address 6400 Washington
17. (a) Burial (b) Date thereof Jan 10 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem
18. (a) Signature of funeral director Chas. A. Bull
(b) Address 4452 Washington 9144
19. (a) JAN 10 1940 (b) J. F. Beckel
(Date received local registrar) (Registrar's signature)

Immediate cause of death Intestinal Obstruction due to gall stones
Due to Chronic Cholecystitis & Cholelithiasis
Due to Perforation of gall bladder into
Other conditions (Include pregnancy within 3 months of death) Impediment
Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) _____ (or) Means of injury _____
23. Signature Marshall Hill (M. D. or other)
Address 1515 Lafayette, Mo 64109

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.....

Howard J. Rowland

Licensed Embalmer No. 3164

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.