

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.

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

3882
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township Jefferson Bks., Mo Primary Registration District No. 200 Registered No. 205
(c) City Jefferson Bks., Mo (d) Street No. Veterans Administration 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME John M. Strike

(a) Residence, No. 805 Clinton St., St. Louis, Mo. 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unkn
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 2, 1888
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 51 1 27
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Chauffeur.
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) St. Louis, Mo.

FATHER 13. NAME Albert Strike

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (NAME) Acting Clinical Clerk, VAF, Jeff. Bks., Mo. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE NATIONAL CEM. DATE JAN. 31, 1940

19. FUNERAL DIRECTOR (NAME) C. Hoffmeister Und. & Liv (ADDRESS) Co., St. Louis, Missouri

20. FILED JAN 30 1940 R. Meyer, D. D. P. H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 29, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1940, 19... to Jan. 29, 1940, 19...
I last saw him alive on Jan. 29, 1940. Death is said to have occurred on the date stated above, at 1:35 A.M.
The principal cause of death and related causes of importance were as follows:

Syphilitic heart disease, with cardiac enlargement, myocardial damage, aortic valve damage, and myocardial insufficiency. Date of onset Unkn.

Other contributory causes of importance: Cirrhosis of the Liver, syphilitic. Unkn.

Name of operation None Date of No.
What test confirmed diagnosis? DYS exam., laboratory tests, x-rays. 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, M.D. M. D.
Chief Medical Officer
(Address) Vet. Adm. Fac., Jeff. Bks., Mo.

R. G.

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 *Linus E. Hoffmeister*
Licensed Embalmer No. *3891*
P. O. Address *7814 S. Brown*

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.