

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH: 1520 Chouteau

(a) County  
(b) City or town St. Louis  
(c) Name of hospital or institution: 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether)

In this community years, months or days

8. (a) PRINT FULL NAME MITCHELL STRONG 365

8. (b) If veteran, name war 710 8. (c) Social Security No. none

4. Sex male 5. Color or race negro 6. (a) Single, widowed, married divorced widowed

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Apr 19, 1878 (Month) (Day) (Year)

8. AGE: Years 62 Months 3 Days 6 If less than one day hr. min.

9. Birthplace Unknown Alabama (City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business

12. Name Thomas Strong

13. Birthplace Unknown Alabama (City, town, or county) (State or foreign country)

14. Maiden name Katie Coleman

15. Birthplace Unknown Alabama (City, town, or county) (State or foreign country)

16. (a) Informant Emma Strong

(b) Address 1520 Chouteau

17. (a) (b) Date thereof 7/22 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director Charles Underwood

(b) Address 2931 Maple Ave

19. (a) Jul 20 1940 (b) J. F. Brebeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 22 (If outside city or town limits, write "RURAL")

(d) Street No. 1520 Chouteau, Ave (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16th year 1940 hour 2 minute A M.

21. I hereby certify that I attended the deceased from July 5 1940 to July 17 1940

that I last saw him alive on July 16 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 10 day

Due to arterio-sclerosis 3

Due to +

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

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) (e) Means of injury

23. Signature H. G. Moore (M. D. or other)

Address 1004-150, 288 Date signed

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

**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: *Louis V. Atkin*

Licensed Embalmer No. *2842*

P. O. Address *3644 Finn*

**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.**