No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26621

Registration District No. 721

Primary Registration District No. 1003

Registrar's No. 6413

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Lukes Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 5290 Waterman, (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

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3. (a) PRINT FULL NAME Garrard Strode.

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed J

6. (b) Name of husband or wife Florie Strode.

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

7. Birth date of deceased August 11th 1863 (Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 13 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Retired,

11. Industry or business Real Estate Operator.

FATHER 12. Name Thomas V. Strode.

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

MOTHER 14. Maiden name Nancy Opie Ruby.

15. Birthplace Virginia. 1 (City, town, or county) (State or foreign country)

16. (a) Informant B.M.Nevins.

(b) Address 5290 Waterman,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-7-41 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery.

18. (a) Signature of funeral director C.R.Lupton & Sons.

(b) Address 7233 Delmar, Blvd.

19. (a) AUG 5 1941 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5th year 1941 hour 3 AM minute M.

21. I hereby certify that I attended the deceased from July 28, 1941, to Aug 5, 1941, that I last saw him alive on Aug 5, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteria Sclerosis	2 yrs
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Scott Parsons (M. D. or other) D

Address Wall Bldg. Date signed 8/5/41

(Licensed Embalmer's Statement on Reverse Side)

3903 Olive
JE-5600
1:30 - 4:30 P.M.

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 Bradford A. Mile

Licensed Embalmer No. 2901

P. O. Address St Louis M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.