V. S. No. 2
0M—9-4-41
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 24 1942

Registration District No. 2791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 5012

Registrar's No. 1930

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Clayton, (If outside city or town limits, write "RURAL")

(d) Street No. 61 Broadview, Dr. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME HENRY R. STRONG.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louise M. Strong.

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased December (Month) 19 (Day) 1858 (Year)

8. AGE: Years 83 Months 2 Days 12 If less than one day hr. min.

9. Birthplace Kinston, (City, town, or county) N. Carolina (State or foreign country)

10. Usual occupation Retired

11. Industry or business Publisher.

FATHER 12. Name Henry Strong.

FATHER 13. Birthplace N. Carolina (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Sally Coleman.

MOTHER 15. Birthplace N. Carolina (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Louise M. Strong.

(b) Address # 61 Broadview, Dr.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-4-42 (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) MAR 3 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st. year 1942 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 27, 42, 1942, to March 1, 1942, that I last saw him alive on March 1, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial pneumonia	7 days
Due to cerebral hemorrhage	30 days
Due to General arterio-sclerosis	?
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 Anthony B. Day (M. D. or other) M.D.

Address 3720 Washington Date signed 3-2-42

(Licensed Embalmer's Statement on Reverse Side)

APR 28 19[illegible]

Dr Anthony B. Day.
3720 Washington
NE-0870
Hrs 3-5P.M.

1290

1990

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 Clarence H. Murray

Licensed Embalmer No. 4011.

P. O. Address St. Louis, M

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, fact should be so stated above.