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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. 3809

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:
(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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Days
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County.....
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 7000 So. Broadway
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME George L. Strange

MEDICAL CERTIFICATION

3. (b) If veteran, name war..... 3. (c) Social Security No.....

20. DATE OF DEATH: Month April day 29,
year 1942 hour 4:50 minute A. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

21. I hereby certify that I attended the deceased from April 23, 1942 to April 29, 1942,
that I last saw him alive on April 29, 1942,
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Sally 6. (c) Age of husband or wife if alive 68 years

Immediate cause of death arteriosclerosis

7. Birth date of deceased Sept 4 1874
(Month) (Day) (Year)

Due to.....
Due to..... 97
Other conditions (Include pregnancy within 3 months of death).....

8. AGE: Years Months Days If less than one day
67 7 25 hr. min.

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace Nashville Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Chauffeur

11. Industry or business.....
12. Name Unknown

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

14. Maiden name Carrie Scruggs
15. Birthplace Nashville Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Carrie Stevens
(b) Address 1913 State St.

17. (a) Removal (b) Date thereof 4/31 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cem.

18. (a) Signature of funeral director Nell Walsh Barnes
(b) Address East St. Louis Ill.

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) (c) Means of injury.....
23. Signature M. M. Karl (M. D. or other).....
Address 1515 Lafayette Avenue, Date signed 4/29/42

19. (a) APR 30 1942 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

Male
white
Married
Chauffeur
Carrie Stevens
Removal
4/31 42
Mt. Hope Cem.
Nell Walsh Barnes
East St. Louis Ill.
J. F. Bredek

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 Albert G. Hopper

Licensed Embalmer No. 2971

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, fact should be so stated above.