

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis Hosp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 11  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 8 hours  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Fenton  
(If outside city or town limits, write "RURAL")  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Joseph Strangeway

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife. .... 6. (c) Age of husband or wife if alive ..... years  
7. Birth date of deceased. Jan. 10 1868  
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 9 If less than one day hr. .... min.

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

10. Usual occupation Barber

11. Industry or business. ....

MOTHER FATHER { 12. Name Unk  
13. Birthplace Unk  
(City, town, or county) (State or foreign country)  
14. Maiden name Unk  
15. Birthplace Unk  
(City, town, or county) (State or foreign country)

16. (a) Informant Jess Cornell  
(b) Address Fenton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date of 4/27/42  
(Month) (Day) (Year)  
(c) Place: burial or cremation St. Lucas Cem.

18. (a) Signature of funeral director Kenneth W. Koch  
(b) Address Fenton, Mo.

19. (a) APR 21 1942 (Date received local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19  
year 1942 hour 7:30 minute P M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....

that I last saw h..... alive on ..... 19..... and that death occurred on the date and hour stated above.

Immediate cause of death Gun-shot wound of head. Duration

Due to Bullet wound of right temporal region, extending through both cerebral hemispheres; massive subarachnoid hemorrhage; massive hemorrhage into ventricle.  
Other conditions hemorrhage; massive  
(Include pregnancy within 3 months of death)

Major findings: Of operations ..... Of autopsy Yes. 164c

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) Suicide.

(b) Date of occurrence April 19, 1942

(c) Where did injury occur? Fenton, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Own home

While at work? (Specify type of place) (e) Means of injury [Signature]

23. Signature [Signature] (M. D. or other)

Address Kirkwood, Mo. Date signed 4/20/42

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

32

94  
3

1

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3

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**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.....

*Hennrich H. Koch*

Licensed Embalmer No. *4272*

P. O. Address *Fenton, Mo.*

**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.**