

No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25368

State File No. _____

FILED JUL 27 1942

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1491

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. John
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3440 Charlack /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Charles Strom

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Matilda Strom 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 9, 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 9 1 _____ hr. _____ min.

9. Birthplace Sweden 4
(City, town, or county) (State or foreign country)

10. Usual occupation Cabinet Maker

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

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

14. Maiden name " 9

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

16. (a) Informant Elmer Strom

(b) Address 3440 Charlack

17. (a) Burial (b) Date thereof 7-13-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) _____ (b) C. H. McLaughlin
(Date received local registrar) (Registrar's signature) A.R.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. L. 96
(c) City or town St. John 3
(If outside city or town limits, write "RURAL") 6
(d) Street No. 3440 Charlack
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
year 1942 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from Oct 17
1940, to July 10, 1942
that I last saw him alive on Mar 26, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy

Due to 83a1

Due to arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

Duration

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 J. F. Bergman (M. D. or other) MD
Address 3922 Washington Date signed 7/11/42

OCT 16 1942

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.....

H. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.