

FILED MAR 13 1944
 Registration District No. **818**

Primary Registration District No. **1003**

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

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:
1449 Switzer ave
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo** (b) County.....
 (c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **1449** **Switzer**
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Daisy Strachan**

3. (b) If veteran, name war..... **NO** 3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **4**
 year **1944** hour **10** minute **30** p.m.

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced, **widowed**
 6. (b) Name of husband or wife..... **augustus Strachan**
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased **August 2 1869**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
Feb 15 1944 to **March 4 1944**
 that I last saw her alive on **March 3 1944**
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	74	7	2	hr. min.

Immediate cause of death.....
Chronic Myocarditis **3yrs**

Due to.....
 Due to.....

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

Other conditions **Arteriosclerosis** **5yrs?**
(Include pregnancy within 3 months of death)

10. Usual occupation..... **At home**

11. Industry or business.....

MOTHER FATHER

12. Name **Unknown**

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

14. Maiden name..... **Unknown**

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

Major findings:
 Of operations.....
 Of autopsy.....

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant **H A Strachan**
 (b) Address **7508 Arlington**

17. (a) **Burial** (b) Date thereof **Mar 7 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

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?

(c) Place: burial or cremation **Hiram**

18. (a) Signature of funeral director **A. Strachan & Co**
 (b) Address **2707 N Grand Blvd**

19. (a) **MAR 7 1944** **J. J. Bedeck**
(Date received local registrar) (Registrar's signature)

While at work?.....
(Specify type of place) (c) Means of injury.....

23. Signature **Eugene P. Arnold** (M. D. or other) **MD**
 Address **1449 M^c Laran** Date signed **3/6/44**

844

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..... *W. C. Morris*

Licensed Embalmer No. *3360*

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.