

REG MAY 20 1944
Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 1118

1. PLACE OF DEATH:

(a) County St. Louis.
(b) City or town Normandy Township.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2730 Hanley Road.
(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 Missouri (b) County St. Louis.
(c) City or town Normandy Township.
(If outside city or town limits, write "RURAL")
(d) Street No. 2730 Hanley Road.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

James A. Strong.

3. (b) If veteran, name war None 3. (c) Social Security No. 489-14-8929

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jane L. Strong. 6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased Feb. 23 1911
(Month) (Day) (Year)

8. AGE: Years 33 Months 2 Days 20 If less than one day hr. _____ min. _____

9. Birthplace Ripley County, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanist.

11. Industry or business

MOTHER FATHER
12. Name John Strong.
13. Birthplace Tennessee.
(City, town, or county) (State or foreign country)
14. Maiden name Don't know.
15. Birthplace Don't know.
(City, town, or county) (State or foreign country)

16. (a) Informant Jane L. Strong.
(b) Address 2730 Hanley Road.
17. (a) Burial (b) Date thereof 5-16-1944.
(Burial, cremation, or removal) (Month) (Day) (Year)
Naylor, Missouri.
(c) Place: burial or cremation

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966 Easton Ave. St. Louis, Mo.

19. (a) MAY 17 1944 (b) E. D. Mc Lauran, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th
year 1944 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration _____

Due to Arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy No

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 [Signature] (M. D. or other) _____
Address [Signature] Date signed [Signature]

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

SEP 12 1944

JUN 7 1944

OCT 22 1946

JUL 10 1944

SEP 12 1945

JUN 19 1944

AUG 16 1944

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 *Ben Hoffman*

Licensed Embalmer No. *4366*

P. O. Address *St. Louis, 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.