V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23469

FILED AUG 8 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6725

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Anthony Hosp 0
(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 19 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo (b) County 12

(c) City or town St. Louis Mo 615
(If outside city or town limits, write "RURAL")

(d) Street No. 4012 So. Spring Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME James H Strother

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Agnes F Strother

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased July (Month) 23 (Day) 1882 (Year)

8. AGE: Years 62 Months 0 Days 8 If less than one day hr. min.

9. Birthplace Lincoln County (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Private Wathhmann

11. Industry or business Self

FATHER
12. Name James Strother
13. Birthplace Missouri (City, town, or county) (State or foreign country) 0

MOTHER
14. Maiden name Julia Bransteter
15. Birthplace Virginia (City, town, or county) (State or foreign country) 1

16. (a) Informant Agnes F Strother
(b) Address 4012 So. Spring Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 (Month) 3 (Day) 44 (Year)
(c) Place: burial or cremation Hawk Point, Mo (Motor)

18. (a) Signature of funeral director Kriegshauser Und Co
(b) Address 4228 So. Kingshighway

19. (a) AUG 2 1944 (Date received local registrar) (b) J. F. Budick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
year 1944 hour 10.30 AM minute M.

21. I hereby certify that I attended the deceased from 7/7, 1944, to 7/31, 1944;
that I last saw him alive on 7/31, 1944;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia, lt lower lobe	2 days
Due to: Pulmonary infarct	
Due to:	several months.
Other conditions (Include pregnancy within 3 months of death): Adeno. carcinoma of lower end of Sigmoid	

Major findings:
Of operations: as above ↑ Sigmoid resected on 7/24/44.
Of autopsy: Lt. lower lobe pneumonia.

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) no
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)
Address 3804 Wilmington Ave Date signed 8-1-44.

(Licensed Embalmer's Statement on Reverse Side)

Dr Watson

3806 Helming to
Hu 7224

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 Edwin D McDermott

Licensed Embalmer No. 3024

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.