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29834

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 30 1944
278

8190

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3701 Lindell Blvd.
(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 19th
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3701 Lindell Blvd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Nicholas J.O. Strider

3. (b) If veteran, name war None

3. (c) Social Security 064-10-2403

4. Sex 0 Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Erla Strider 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased November 22 1884
(Month) (Day) (Year)

8. AGE: Years 59 Months 10 Days 2 If less than one day
hr. 1 min.

9. Birthplace Charlestown West Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Auto Dealer

11. Industry or business _____

MOTHER FATHER {
12. Name Nicholas Strider
13. Birthplace Unknown West Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Unknown Talbot
15. Birthplace Unknown Maryland
(City, town, or county) (State or foreign country)

16. (a) Informant Erla Strider
(b) Address 3701 Lindell Blvd.

17. (a) Removal (b) Date thereof 9-27-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Martinsburg, W. Va.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) SEP 25 1944 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24
year 1944 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from Apr. 21, 1944 to Sept. 24, 44
that I last saw him alive on Sept. 23, 44
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 5 mon
Due to Arterio-Sclerosis 3 yrs

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

Major findings: _____
Of operations _____
Of autopsy _____
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) (c) Means of injury _____

23. Signature A. W. Peters (M. D. or other) M. D.
Address 4145 a. S. Grand 18 Date signed _____

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

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.....

G. W. Wilkinson

Licensed Embalmer No.....

3575

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.