S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 29 1945

Registration District No. 317

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3070

State File No. 3624 1

Registrar's No. 2733

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
120 Madison Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis 96
(c) City or town Webster Groves 7
(If outside city or town limits, write "RURAL")
(d) Street No. 120 Madison Ave. 4
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 11

3. (a) PRINT FULL NAME George Edward Strother

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased April 2, 1943 (Month) (Day) (Year)

8. AGE: Years 1 Months 9 Days 0 If less than one day hr. min.

9. Birthplace St. Louis Co. (City, town, or county) Mo. 11 (State or foreign country)

10. Usual occupation Child

11. Industry or business

FATHER
12. Name Edward Strother
13. Birthplace Bismark (City, town, or county) Mo. 11 (State or foreign country)

MOTHER
14. Maiden name Mildred Vallance
15. Birthplace Patterson (City, town, or county) Mo. 11 (State or foreign country)

16. (a) Informant Edward Strother
(b) Address 120 Madison Ave. Webster Groves, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 5, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cem.

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Ave. Maplewood, Mo.

19. (a) JAN 8 1945 (Date received local registrar) (b) E. G. McLaurean M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2
year 1945 hour 2:45 P.M. minute M.

21. I hereby certify that I attended the deceased from Dec. 14, 1944, to JAN. 2, 1945
that I last saw him alive on JAN. 2, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia — Duration

Due to

Due to 107

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

23. Signature Wm H Gemlich (M. D. or other)
Address 2816 Sutton Ave. Date signed 1-4-45

(Licensed Embalmer's Statement on Reverse Side)

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 3454

..... Registered Apprentice No. .....

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 1456 Manchester

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.