

FILED JAN 23 1946

Primary Registration District No. **1003**

Registrar's No. **490**

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: Thos. Jefferson Club 3-911 N. Vandeventer
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community About 17 years

3. (a) PRINT FULL NAME Robert Edward Strickland

3. (b) If veteran, name war None

3. (c) Social Security No. 498-02-7294

4. Sex Male 5. Color or race Colored

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Unknown 1889
(Month) (Day) (Year)

| AGE | Years | Months | Days | If less than one day |
|-----------|-----------|--------|------|----------------------|
| <u>27</u> | <u>57</u> | --- | --- | hr. min. |

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

10. Usual occupation Mechanic unknown

11. Industry or business Mines Equipment Co.

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs Ollie Broad

(b) Address 3824 Finney ave.

17. (a) Burial (b) Date thereof Jan. 17, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director C. J. Nash

(b) Address 3847 Page Boul.

19. (a) 1941 (b) J. F. Brickett
(Date received local registrar's sign) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 3824 Finney Ave.
(If rural, give location)

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

If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11th year 1946 hour 3:00 minute 15 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

Due to Coronary Sclerosis

Due to Cardiac Hypertrophy

Other conditions: _____

Major findings: 95
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)

(a) Means of injury 107

23. Signature Patric E. Taylor (M.D. or other) _____
Address 1500 Clark Date signed 1-16-46

JAN 16 1946

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
3174

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..... *C. J. Nash*

Licensed Embalmer No. *2432*

P. O. Address. *3847 Page Blvd.*

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.