

FILED MAY 31 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4535

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: Enroute to City Hospital
(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)

3. (a) PRINT FULL NAME James C. Stratton

3. (b) If veteran, name war World War # 2 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Jeanette Stratton 6. (c) Age of husband or wife if alive Unk. years
7. Birth date of deceased About 1916
(Month) (Day) (Year)

8. AGE: Years About 30 Months Days If less than one day
hr. min.

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

10. Usual occupation Laborer

11. Industry or business

12. Name George Stratton
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Hester Smith
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Walter Mount
(b) Address Dyer, Tenn.

17. (a) Burial (b) Date thereof 5-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) MAY 20 1946 (b) J. F. Bredes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 28/
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1946 hour 9 minute 00 M.

21. I hereby certify that I attended the deceased from 2 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 fracture of skull
fracture of brain when he was
carried out of a truck he was
driving and he fell out
the window and he was
driven from the truck onto
the ground on the highway bridge
about 9.00 AM May 19 1946
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) Accident
(b) Date of occurrence May 19 1946
(c) Where did injury occur? On highway bridge
(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 Car
23. Signature Albert H. Hoppe (M.D. or other) 6/20/46
Address Dyer, Tenn. 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.....

J. Allen Davis

Licensed Embalmer No.....

4053

P. O. Address.....

St. Louis

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.