

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9686**

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4562a Easton Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME CLARENCE PARKER STROTHER

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Alice Strother 6. (c) Age of husband or wife if alive 14 years
7. Birth date of deceased September 14 1864
(Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 28 If less than one day hr. min.

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

10. Usual occupation Owner

11. Industry or business C. P. Strother Wallpaper

MOTHER FATHER { 12. Name Burr Hamilton Strother
13. Birthplace Ft. Scott Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ellen Brotherton
15. Birthplace Harper Ferry Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Roy Strother
(b) Address 7569 Warner Ave., Richmond Heights

17. (a) Burial (b) Date thereof 11/14/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Bl'vd., St. Louis, Mo.

19. (a) Nov 13 1946 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 12th
year 1946 hour 10 minute 00 M.

21. I hereby certify that I attended the deceased from Jan 2 1944 to Nov 13 1946
that I last saw him alive on Nov 2 1946
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Cerebral Hemorrhage

Due to Chronic Interstitial

Due to nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy no

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?

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

23. Signature D. A. Thomson (M. D. or other)

Address 3121 N Grand Date signed Nov 13

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

Dr. D. A. Thompson
3121 N. Grand Blvd.,
Hrs. 10-12 2-4
FR-1244

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.....

Clarence H. Murray

Licensed Embalmer No. *4011*

P. O. Address *St. Louis, Mo.*

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.