No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 24 1948

Registration District No. 162

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5594

State File No. 9207

Registrar's No. 13,

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

50
0
0

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Rural Merma C Towns
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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 Jefferson 50
(c) City or town House Springs 0
(If outside city or town limits, write "RURAL")
(d) Street No. Route #1 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Gaylord W. Strong
3. (b) If veteran, name war
3. (c) Social Security No. 492-22-4448 A
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Ione
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased November (Month) 13 (Day) 1866 (Year)

8. AGE: Years 81 Months 3 Days 20 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 11
10. Usual occupation Retired- Carpenter
11. Industry or business
FATHER
12. Name Not known
13. Birthplace Not known (City, town, or county) (State or foreign country) 7
MOTHER
14. Maiden name Not known
15. Birthplace Not known (City, town, or county) (State or foreign country) 7
16. (a) Informant Ione Strong
(b) Address House Springs Route # 1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/48 (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn Cemetery
18. (a) Signature of funeral director John H. Gebken Sons Mdl Co.
(b) Address 2630 Gravois Ave.
19. (a) Mar 6" 48 (Date received local registrar) (b) Phil J Kirk (Registrar's signature) 145

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 5, day
year ~~1945~~ 1948 hour 6, 15 minute P M.

21. I hereby certify that I attended the deceased from February 2, 1948, to March 5, 1948; that I last saw him alive on February 28, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	Feb 28, 1948
Due to Arteriosclerosis	Unknown
Due to Senility	Unknown
Other conditions Hemiplegia (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 94A

PHYSICIAN
Underline the cause of 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 2

23. Signature [signature] (M. D. or other) D.O.
Address Box 91 Fenton, Mo. Date signed 3/10/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number MAR 23 1948
Date Filed

MAR 22 1948

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 Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

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.