No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10731

FILED APR 7 1948

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 2993

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: 2140 McCausland
(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 Mo (b) County 000
(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2140 McClausland 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Claude R Strong
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife Alvina M
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Jan (Month) 16 (Day) 1882 (Year)

8. AGE: Years 66 Months 2 Days 8 If less than one day hr. min.

9. Birthplace Bonne Terre (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Accountant
11. Industry or business

FATHER
12. Name Shipton Strong
13. Birthplace Frankfort (City, town, or county) Ky. (State or foreign country) 1

MOTHER
14. Maiden name Jennie Covington
15. Birthplace St Genevieve (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant Alvina Strong
(b) Address 2140 McClausland
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/27/48 (Month) (Day) (Year)
(c) Place: burial or cremation Hiram Cemetery
18. (a) Signature of funeral director J L Ziegenhein & Sons
(b) Address 7027 Gravois
19. (a) MAR 27 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 24th year 1948 hour 5 minute 20 P.M.
21. I hereby certify that I attended the deceased from January, 1947 to March 24, 1948 that I last saw him alive on March 23rd, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemarrhage	3 days. 3 Da
Due to: Cerebral Hemarrhage Chr. Cardio Vascular	Chr
Due to: Renal Desease & Hypertinsion	Chr.
Due to: Arteriosclerosis	Chr
Other conditions (Include pregnancy within 3 months of death): Arterio---Selerosis	

Major findings:
Of operations
Of autopsy

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 0
23. Signature Harold Hall (M. D. or other) (Title)
Address 28 Washington Ave Date signed 3/26/48

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

Mil

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 Frank I. Owens

Licensed Embalmer No. 2245

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.