FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34738

FILED NOV 6 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9231

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: Masonic Home of Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 11 yrs. 5 mos.
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. 5351 Delmar
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Minnie Strickler
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife James B. Strickler
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased July 2, 1870 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	3	21	..... hr. ..... min.

9. Birthplace Frankford, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation houswife
11. Industry or business
FATHER
12. Name J. G. Nichols
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Racheal Cash
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Iva Hirsch, 5351 Delmar Blvd
(b) Address St. Louis Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-25-48 (Month) (Day) (Year)
(c) Place: burial or cremation Frankford Mo
18. (a) Signature of funeral director Rowland Mortuary Service
(b) Address 4104 Manchester
19. (a) OCT 26 1948 (Date received local registrar) (b) J B Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23rd.
year 1948 hour 5 minute 30 P. M.
21. I hereby certify that I attended the deceased from May 14th, 1937, to Oct. 23, 1948
that I last saw her alive on 10-23, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	3 Mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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
23. Signature [illegible] (M. D. or other)
Address 508 N. Grand Date signed 10-25-48

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

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

9231

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 Paul M. Sizemore

Licensed Embalmer No. 4343

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.