

FILED JUN 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22056**  
Registrar's No. **5347**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>	
c. LENGTH OF STAY (in this place) <b>20 years</b>		d. STREET ADDRESS (If rural, give location) <b>3337 Lucas Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3337 Lucas Ave.</b>		e. STREET ADDRESS <b>3337 Lucas Ave.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Bee</b> b. (Middle) c. (Last) <b>Strozier</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 16, 1950.</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Col.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 24, 1888</b>
9. AGE (In years last birthday) <b>61</b>		10. MONTHS <b>6</b>	11. DAYS <b>22</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chauffeur</b>		11. BIRTHPLACE (State or foreign country) <b>Mountville, Ga.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Howard Strozier</b>	
13b. MOTHER'S MAIDEN NAME <b>Ella Wooden</b>		14. NAME OF HUSBAND OR WIFE <b>Althea Strozier</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>Althea Strozier</b>		ADDRESS <b>3337 Lucas Ave.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>NO</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NO</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>H21.0</b>			
22. I hereby certify that I attended the deceased from <b>5-20-1950</b> , to <b>6-16-1950</b> ; that I last saw the deceased alive on <b>June 16, 1950</b> , and that death occurred at <b>8.00P. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>J. T. Edwards, M.D.</b>		23b. ADDRESS <b>1976 1/2 Franklin Ave.</b>	
23c. DATE SIGNED <b>6-19-50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 21, 1950</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JUN 19 1950</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Wright's Funeral Home</b>		ADDRESS <b>3100 Easton Ave.</b>	

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Arthur L. Hilliard

Signed.....  
Student Embalmer

Licensed Embalmer No. 4221

P. O. Address 4049 St. Ferdin

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.