

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27347

State File No.

FILED JUL 23 1953
REG #110864
BIRTH NO.

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1846

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS		
b. CITY OR TOWN JEFFERSON BARRACKS		c. LENGTH OF STAY (in this place) 40 DAYS	c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: VETERANS ADMINISTRATION HOSP			e. STREET ADDRESS (If rural, give location) 5621 MAPLE AVENUE		
3. NAME OF DECEASED (Type or Print) a. (First) LOUIS			b. (Middle) P	c. (Last) STRONG	4. DATE OF DEATH (Month) (Day) (Year) 7-1-53
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, NEVER MARRIED (Specify)	8. DATE OF BIRTH 6-27-94	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INVESTIGATOR		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and State or Foreign Country) MEMPHIS, TENN.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME JAMES STRONG		13b. MOTHER'S MAIDEN NAME LAURA MC CUNE		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I		16. SOCIAL SECURITY NO. 498039835	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS., JEFF. BRKS., MO.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 2 YRS
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) RHEUMATIC HEART DISEASE				
	ANTECEDENT CAUSES				
	*This does not mean the mode of dying, such as heart failure, asthma, 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			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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) VA		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 5-22-53 , 19___, to 7-1-53 , 19___, that I last saw the deceased XXXXXXXXXXXXXXXXXXXX and that death occurred at 2:45A m., from the causes and on the date stated above.					
23a. SIGNATURE Robert C. Hoppe (Degree or title) MD			23b. ADDRESS VAH JEFFERSON BARRACKS, MO.		23c. DATE SIGNED 7-1-53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE UNKNOW 3, 53	24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY	24d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MO.		
DATE REC'D BY LOCAL REG. 7-2-53		REGISTRAR'S SIGNATURE Herbert R. Dombk M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Glendon J Song 6125 Dolmar	

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..

Student.....
Signature of Student Embalmer

Signed..... *Jos. E. McCulloch*

Licensed Embalmer No. *2460*

P. O. Address *614 S. Illinois*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.