

FILED MAR 7 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1003

State File No.

6546

1705

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1705					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.				b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 40 yrs		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION 4516 St. Louis /				e. STREET ADDRESS (If rural, give location) 4516 St. Louis Ave							
3. NAME OF DECEASED (Type or Print) a. (First) Kenneth			b. (Middle)		c. (Last) Strong		4. DATE OF DEATH (Month) (Day) (Year) Feb, 18, 1955.				
5. SEX Female	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct, 13, 11911		9. AGE (In years last birthday) 43	IF UNDER 1 YEAR Months 4	IF UNDER 1 YEAR Days 5	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lavern Business		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Estell, Miss, /			12. CITIZEN OF WHAT COUNTRY? USA.				
13a. FATHER'S NAME Albert Strong			13b. MOTHER'S MAIDEN NAME Emma Harrell			14. NAME OF HUSBAND OR WIFE Rosie Lee Strong					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Roseie Lee Strong 3125 Sheridan Ave.				ADDRESS		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <i>Acute Bronchitis</i>						INTERVAL BETWEEN ONSET AND DEATH <i>2 1/2 days</i>				
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES 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 type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (a.e., 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 500X							
22. I hereby certify that I attended the deceased from <i>2/17/1955</i> to <i>Feb, 18, 1955</i> , that I last saw the deceased alive on <i>2-18</i> , 1955, and that death occurred at <i>6:30A m.</i> , from the causes and on the date stated above.											
23a. SIGNATURE <i>James T. Aldrich</i>				23b. ADDRESS <i>2607 1/2 Franklin Ave</i>		23c. DATE SIGNED <i>2-19-55</i>					
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>2/24/55</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Greenwood Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo.</i>					
DATE REC'D BY LOCAL REG. <i>FEB 23 1955</i>		REGISTRAR'S SIGNATURE <i>Carl Smith</i>			25. FUNERAL DIRECTOR'S SIGNATURE <i>Wright Funeral Home</i>					ADDRESS <i>3100 Easton Ave.</i>	

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..

Student.....  
Signature of Student Embalmer

Signed *H. Claude Gordon*

Licensed Embalmer No. *34*

P. O. Address *4875*

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.