

XC 18406815
SL 3264

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10258

State File No.

FILED MAR 31 1955

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2387**

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE MISSOURI
b. COUNTY _____

b. CITY **915 N GRAND BLVD**
OR
TOWN ST. LOUIS, MO.

c. CITY OR TOWN ST. LOUIS
d. Is Residence within limits of a city or incorporated town? Yes No

c. LENGTH OF STAY (In this case) **44 DAYS**
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **VETERANS ADMINISTRATION HOSPITAL**

STREET ADDRESS (If rural, give location) **4853 NEBRASKA, APT. B** **2159**

3. NAME OF DECEASED
a. (First) **ARTHUR**
(Type or Print)

b. (Middle) **S.**

c. (Last) **STRICKLER**

4. DATE OF DEATH (Month) (Day) (Year)
3-14-55

5. SEX **MALE**

6. COLOR OR RACE **WHITE**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED**

8. DATE OF BIRTH **7-5-94**

9. AGE (In years last birthday) **60**
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) **WEB PRESSMAN**

10b. KIND OF BUSINESS OR INDUSTRY **NEWSPAPER**

11. BIRTHPLACE (City and State or Foreign Country) **READING, PENNSYLVANIA**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **JOHN STRICKLER**

13b. MOTHER'S MAIDEN NAME **CATHERINE DISSINGER**

14. NAME OF HUSBAND OR WIFE **VIVIAN H. STRICKLER**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **YES WWI**

16. SOCIAL SECURITY NO. **489010057**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **VA HOSPITAL RECORDS, ST. LOUIS, MO.**

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* (a) **CARCINOMATOSIS**
INTERVAL BETWEEN ONSET AND DEATH **2 Months**
*This does not mean the mode of dying, such as heart failure, asthenia, 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) **CARCINOMA OF LEFT LUNG WITH BRAIN METASTASES**
6 "
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 NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **163x**

22. I hereby certify that I attended the deceased from **1-29**, 19**55**, to **3-14**, 19**55**, that I last saw the deceased **XXXXXXXXXXXXXXXXXXXX**, and that death occurred at **9:20 P** m., from the causes and on the date stated above.

23a. SIGNATURE **H. F. Westphaelinger** (Degree or title) **MD**

23b. ADDRESS **VAH, ST. LOUIS, MO.**

23c. DATE SIGNED **3-15-55**

24a. BURIAL CREMATION, REMOVAL (Specify) **Rem. Motor**

24b. DATE **3-18-55**

24c. NAME OF CEMETERY OR CREMATORY **National Cem.**

24d. LOCATION (City, town, or county) (State) **Jeff. Brks., Mo.**

DATE REC'D BY LOCAL REG. **MAR 16 1955**

REGISTRAR'S SIGNATURE **Carl Smith MD**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Southern Funeral Home 6322 S. Grand Blvd., St. Louis, Mo.**

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 *Francis J. Wyland Jr.*.....

Licensed Embalmer No. 451

P. O. Address 6322 So. 5

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.