

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-023987

STATE FILE NUMBER

FILED JUL 11 1958

Registration District No.

317

Primary Registration District No.

541

Registrar's No.

1684

300  
-57  
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1. PLACE OF DEATH a. COUNTY <b>St. Louis.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis.</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Clayton, Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. John</b> <b>4200</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <b>St. Louis County Hospital</b>		Length of stay in lb <b>6 DAYS</b>	d. STREET ADDRESS (If outside, give location) <b>8428 Ettrick</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>George D. Stanley Strange</b>			4. DATE OF DEATH Month Day Year <b>6-23-58</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 16, 1925</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Utility Man</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General Motors</b>	9. AGE (In years last birthday) <b>33</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) <b>Craik, Canada.</b>		12. CITIZEN OF WHAT COUNTRY? <b>2 U.S.A.</b>	
13a. FATHER'S NAME <b>Hurley Strange</b>		13b. MOTHER'S MAIDEN NAME <b>Clara Shirley</b>	14. NAME OF HUSBAND OR WIFE <b>Helen</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. <b>Nil</b>		16. SOCIAL SECURITY NO. <b>487-24-3475</b>	17. INFORMANT Address <b>W. P. Herren, Cape Girardeau, Missouri.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>2<sup>nd</sup> &amp; 3<sup>rd</sup> degree Burn 75% Body.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Surface</b> DUE TO (c) <b>6 days</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Pneumonia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury if PART I or PART II of item 18.) <b>gasoline, while being used as paint brush cleaner, by husband while wife was cooking dinner, exploded.</b>		20c. TIME OF INJURY Hour Month, Day, Year <b>6:50 a.m. 6-16-58</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>	20f. CITY, TOWN, OR LOCATION <b>St. John St. Louis Co., Mo.</b>
21. I attended the deceased from <b>6-16-58</b> to <b>6-23-58</b> and last saw him alive on <b>6-23-58</b> Death occurred at <b>1:25 a.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Richard H. King M.D.</b>		(Degree or title)	22b. ADDRESS <b>601 So. Brentwood</b>
22c. DATE SIGNED <b>6-23-58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>6-23-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Cape Girardeau, Mo.</b>
24. FUNERAL DIRECTOR <b>Albert H. Hoppe</b>		ADDRESS <b>4700 Washington, Blvd.</b>	25. DATE RECD. BY LOCAL REG. <b>6/24/58</b>
		26. REGISTRAR'S SIGNATURE <b>Herbert R. Dombek</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

NT

JUL 13 1958

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 *Lawrence O. Hering*

Licensed Embalmer No. *4979*

P. O. Address *St. Louis*

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.