

FILED MAR 27 1959

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-011432

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **2370**

300  
-57  
3  
4  
0

1. PLACE OF DEATH a. COUNTY <b>ST Louis, MO.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE _____ b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST Louis, MO.</b>		c. CITY OR TOWN <b>St Louis, MO</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>HOMER Philips</b>		d. STREET ADDRESS (If outside, give location) <b>3903 PAGE</b>	

3. NAME OF DECEASED (Type or print) First <b>R.</b> Middle <b>E.</b> Last <b>STRONB</b>			4. DATE OF DEATH Month <b>Mar</b> Day <b>5</b> Year <b>1959</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>1-1-34</b>		9. AGE (In years last birthday) <b>25yr</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABOR</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>		11. BIRTHPLACE (City and state or country) <b>MISSISSIPPI.</b>	
10c. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>HOWARD STRONB</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZZA JONES</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>425-66-544</b>		17. INFORMANT Address <b>SADIE M. SIMPSON 3903 PAGE</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>Fracture of Skull</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (b) <b>Subdural Hemorrhage</b>		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not stated in the terminal diagnosis (Indicate in Part I if applicable) <b>Supportive care started by family, operated by one Shelby Page, Ave., about 11:14 p.m.</b>		

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. PLACE AND HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II if it is a fall, etc.) <b>Page Ave., about 11:14 p.m.</b>		
20c. TIME OF INJURY Hour <b>11:14</b> Month <b>3</b> Day <b>4</b> Year <b>1959</b> p.m.			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>114 Street</b>			20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>St Louis MO</b>		

21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <b>250 A</b> m of the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree of death) <b>James L. Peaston</b>			22b. ADDRESS <b>1300 Clark</b>		22c. DATE SIGNED <b>3/7/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>3-11-59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Abendeen Miss</b>		23d. LOCATION (City, town, or county) (State) <b>Abendeen Mississippi</b>	

24. FUNERAL DIRECTOR ADDRESS <b>PEASTON FUNERAL 3615 EASTON</b>		25. DATE RECD. BY LOCAL REG. <b>MAR 27-59-</b>		26. REGISTRAR'S SIGNATURE <b>Earl Smith, M.D.</b>	
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 *Edward A Flynn* .....

Licensed Embalmer No. *4444* .....  
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.