

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-021591

FILED VS JUN 8 1960

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4858

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>St. Louis</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Length of stay in 1b <i>2 WEEKS</i>	c. CITY OR TOWN <i>Ferguson</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Desloge Hospital</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>218 S. Hartnett</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Edwin HALBERT STRICKLAND.</i>			4. DATE OF DEATH Month Day Year <i>May 6, 1960</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>8-18-12</i>	9. AGE (last birthday) <i>47</i>	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Pattern Man</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>International Shoe Co.</i>		11. BIRTHPLACE (City and state or country) <i>St. Louis, Mo.</i>	12. CITIZEN OF WHAT COUNTRY <i>U. S. A.</i>	
13a. FATHER'S NAME <i>George Strickland</i>		13b. MOTHER'S MAIDEN NAME <i>Myrtle Phillips</i>		14. NAME OF HUSBAND OR WIFE <i>Gladys Strickland</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no none</i>		16. SOCIAL SECURITY NO. <i>493-05-5887</i>	17. INFORMANT Address <i>Gladys Strickland, 218 S. Hartnett</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>VENTRICULAR FIBRILLATION at operation</i>					INTERVAL BETWEEN ONSET AND DEATH <i>3 hours</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>AORTIC VALVULAR STENOSIS & INSUFFICIENCY</i>					<i>? Years</i>	
DUE TO (c) <i>Rheumatic heart disease</i>						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <i>411 x</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>411 x</i>				
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY	STATE	
21. I attended the deceased from <i>4/25/60</i> to <i>5/6/60</i> and last saw ^{him} <i>5/6/60</i> Death occurred at <i>2:48 P.</i> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>C. Rollins Haulon M.D.</i> (Degree or title)			22b. ADDRESS <i>1325 S. GRAND BLVD ST LOUIS 4.</i>		22c. DATE SIGNED <i>5/6/60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>May 9, 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis, County, Mo.</i>			
24. FUNERAL DIRECTOR <i>Shepard Funeral Home, 1167 Hamilton Ave.</i>		25. DATE RECD. BY LOCAL REG. <i>MAY 9 1960</i>	26. REGISTRAR'S SIGNATURE <i>Roan Smith, M.D.</i> <i>m 85</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

