

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. _____
FILED APR 14 1961 STATE FILE NUMBER _____

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: **St. Louis** Length of stay in 1b _____
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: **Homer Phillips** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** COUNTY _____
 c. CITY OR TOWN: **St. Louis** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location): **4220 St. Louis Ave.** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print)
 First: **Hattie** Middle: _____ Last: **Strong** 4. DATE OF DEATH: Month **3** Day **30** Year **61**

5. SEX: **Female** 6. COLOR OR RACE: **Negro** 7. Married Never Married
 Widowed Divorced 8. DATE OF BIRTH: **10-3-93** 9. AGE (last birthday): **67**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): **housewife** 10b. KIND OF BUSINESS OR INDUSTRY: _____
 11. BIRTHPLACE (City and state or country): **Bells, Tennessee** 12. CITIZEN OF WHAT COUNTRY: **U. S. A.**

13a. FATHER'S NAME: **Morris Hayes** 13b. MOTHER'S MAIDEN NAME: **Penny Parker** 14. NAME OF HUSBAND OR WIFE: **John Strong**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** 16. SOCIAL SECURITY NO.: _____ 17. INFORMANT: **John Strong** Address: **4220 St. Louis Ave.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Cerebral Thrombosis** INTERVAL BETWEEN ONSET AND DEATH: **2 mos**
 DUE TO (b) **Cerebral Arteriosclerosis** **incom.**
 DUE TO (c) **332x**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour _____ a.m. _____ p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 **7 Feb 61** to **30 March 61** and last saw her alive on **29 March 61**
 Death occurred at **1:00am** on the date stated above, and with the best of my knowledge, from the causes stated.

22. SIGNATURE: **M. A. Mueller M.D.** (Degree or title) 22b. ADDRESS: **3524 Franklin Ave. St. Louis 6 Mo.** 22c. DATE SIGNED: **MAR 31 1961**

23a. BURIAL, CREMATION, REMOVAL (Specify): **removal** 23b. DATE: **11-4-61** 23c. NAME OF CEMETERY OR CREMATORY: **Greenwood Cemetery** 23d. LOCATION (City, town, or county) (State): **St. Louis County, Mo.**

24. FUNERAL DIRECTOR: **Dement & Son** ADDRESS: **2629-31 Cole Street** 25. DATE RECD. BY LOCAL REG.: **APR -1 1961** 26. REGISTRAR'S SIGNATURE: **Loan Smith M.D.**

DATE AMENDED _____
 ITEM NO. SHOULD READ _____
 BY AFFIDAVIT OF _____
 MEDICAL CERTIFICATION _____
 DOCUMENT _____
 INSTEAD OF _____

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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 1123 W. Taylor

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.