

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

82777-61-035003
STATE FILE NUMBER

AMENDED

Registration District No. **218** Primary Registration District No. **1003** Registrar's No. **82777**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hosp. #1		d. STREET ADDRESS (If outside, give location) 4013 Olive	

3. NAME OF DECEASED (Type or print) First Middle Last Benjamin Hurschild Stringer			4. DATE OF DEATH Month Day Year Sept. 4 1961	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Dec. 14, 1887	9. AGE (last birthday) 79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Carpenter		11. BIRTHPLACE (City and state or country) Cherryville, Missouri
13a. FATHER'S NAME Benjamin Stringer		13b. MOTHER'S MAIDEN NAME Rebecca Freeman		14. NAME OF HUSBAND OR WIFE Never Married

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

17. INFORMANT Address
Essie Stringer Dehler, Apts, Calif.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Gastrointestinal bleeding** INTERVAL BETWEEN ONSET AND DEATH **Unknown**

DUE TO (b) **Jaundice of undetermined etiology** **long duration**

DUE TO (c) **581.0**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Dehydration Hepatic dysfunction

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 **8-31-61** to **9-4-61** and last saw her alive on **9-4-61**
Death occurred at **7:00 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
James J. Phady M.D.

22b. ADDRESS
1515 Lafayette Ave.

22c. DATE SIGNED
9-4-61

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE
Sept. 8, 1961

23c. NAME OF CEMETERY OR CREMATORY
Freeman's Cemetery

23d. LOCATION (City, town, or county) (State)
Cherryville, Mo.

24. FUNERAL DIRECTOR ADDRESS
Ambruster Mortuary, 6633 Clayton Rd.

25. DATE RECD. BY LOCAL REG.
SEP 6 1961

26. REGISTRAR'S SIGNATURE
Loard Smith. M.D.

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT 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 *Fred J. Farmer*

Licensed Embalmer No. *4758*

P. O. Address *St. Louis, Mo.*

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.