

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

19641

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City St. Louis, MO (No. Isolation Hosp)

File No.....

Registered No.....

5346

St.....

Ward.....

2. FULL NAME

Edmond Street (Edmond Stroot)

(a) Residence, No. 4773 Terrace Ave St.
(Usual place of abode)

2 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male

White

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

4-9-1927

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ____ hrs. or ____ min.

1

28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Nil 82A

(b) General nature of industry, business, or establishment in which employed (or employer)

77A

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

MO

10. NAME OF FATHER

Joseph Street

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

MO

12. MAIDEN NAME OF MOTHER

Mary Marshall

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis

14.

INFORMANT

(Address)

Joseph Street
4773 Terrace

15.

FILED

9 1927

Max C. Staroboff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

6-7-1927

17.

HEREBY CERTIFY That I attended deceased from May 20, 1927, to June 7, 1927, that I last saw him alive on June 7, 1927, and that death occurred, on the date stated above, at 11:15 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
Cause unknown

(duration) ____ yrs. ____ mos. ____ da.

CONTRIBUTORY (SECONDARY)

Meningitis, Simple
Cause unknown

(duration) ____ yrs. ____ mos. 21 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

4773 Terrace

DID AN OPERATION PRECEDE DEATH? NO DATE OF.....

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed)

Clinical & Laboratory
George H. Harrison M. D.

, 19 (Address)

Isolation Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

New Sister

June 8 1927

20. UNDERTAKER

Mr. E. Moydell

ADDRESS

1926 Allen

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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100-100000-100000

requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate:

Name: Edmond Stroat

Who died at: St. Louis Mo. on June 7, 1927.

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Cerebral Haemorrhage
cause unknown. Meningitis, simple.

Contributory: cause unknown **740A**

No contagious disease information given over phone by

Where was disease contracted? Dr. Geo. H. Garrison, Div. of P. S. 12-8-27

Did operation precede death? _____ Date of _____

1H961-5