REC'D JUL 14 1938

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

Do not use this space.

1. PLACE OF DEATH
County St Charles Co Mo | Registration District No. 757 | File No. 22792
Township | Primary Registration District No. 3036 | Registered No. 95
City St Charles (No. St. Joseph Hosp. St Charles Mo. Ward)

2. FULL NAME Edward Strey Sr.
(a) Residence, No. 553 Scranton Ave., Prospect Hill Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 43 yrs. 1 mos. 21 ds. How long in U. S., if of foreign birth? 43 yrs. 1 mos. 21 ds.

PERSONAL AND STATISTICAL PARTICULARS Coroners

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12-1915
7. AGE: YEARS 23 | MONTHS 1 | DAYS 21 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrian
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Amber Shingle Co.
10. Date deceased last worked at this occupation (month and year) July 2-1938
11. Total time (years) spent in this occupation 4 7/12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prospect Hill Mo.

FATHER
13. NAME Edward Strey Sr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

MOTHER
15. MAIDEN NAME Mary Tauls
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rumania

17. INFORMANT Edward Strey Sr
(ADDRESS) 553 Scranton Ave
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethlehem Cem DATE July 6 1938
19. UNDERTAKER Diedrich Funeral Home
(ADDRESS) 8311 Halls Ferry Rd.
20. FILED 7/3 1938 Clarence H. Dessler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3 1938
22. I HEREBY CERTIFY, That I attended deceased from Held Inquest, 19 July 4th 1938, 19
I last saw h alive on, 19 Death is said to have occurred on the date stated above, at 1:50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Skull fracture base.	
probable laceration of brain.	
21 DM	

Other contributory causes of importance:
Automobile collision
Passenger in car.

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury July 3 1938
Where did injury occur? near OFallon Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
US Highway #40
Manner of injury Automobile collision
Nature of injury Skull injuries.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) John H Buse
(Address) Coroner St. Charles Co. Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

X9314

Emb. by Arthur R. Diedrich
6319 Halls Ferry Rd
St. Louis Mo
Lic. # 3556