JUL 19 1938 REC'D JUL 22 1938

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

22858
Do not use this space.

1. PLACE OF DEATH
(a) County ST. LOUIS
(b) Township ~~Clayton~~
(c) City Clayton
Registration District No. 784
Primary Registration District No. 101
Registered No. 1221
(d) Street No. ST. LOUIS CITY HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JOSEPH STROM. 365
(a) Residence, No. 3110 NORTH MARKET St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ (*write* the word): MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 7-1889

7. AGE: YEARS 49 | MONTHS 3 | DAYS 9 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HELPER
9. Industry or business in which work was done, as saw mill, bank, etc. TRUCK.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MO. 0

FATHER
13. NAME JACOB. STROM. 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO. 0

MOTHER
15. MAIDEN NAME ANNA WELTZ.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

17. INFORMANT (ADDRESS) SERENA STROM. 3610 CASSAV.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MEMORIAL PARK JULY 20 1938

19. FUNERAL DIRECTOR (ADDRESS) E. J. Schmitt 3125 Lafayette Ave

20. FILED JUL 19 1938 T. R. Mayer, M.D., D.P.H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4.45PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental fall off of motor truck.	7/16/38
Other contributory causes of importance:	
Fractured skull	7/16/38

Name of operation none Date of
What test confirmed diagnosis? clinical & autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 7/16/38
Where did injury occur? Clayton, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place--highway.
Manner of injury Fell off truck (a workman.)
Nature of injury Fracture of the skull.

24. Was disease or injury in any way related to occupation of deceased? yes
If so, specify Was a helper on truck which made deliveries to homes.
(Signed) John O'Donnell M.D.
(Address) Coroner of St. Louis County, Mo

(Licensed Embalmer's Statement on Reverse Side)

B.C.

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.

STATEMENT BY LICENSED EMBALMER

I, Jos B Vollmer, Licensed Embalmer No. 4014

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Jos B Vollmer

Licensed Embalmer No. 4014

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.)