DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41861

Registration District No. JAN 1 8 ...

Primary Registration District No.

Registrar's No. 10984

1. PLACE OF DEATH:

(a) County 1

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Lukes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Alabama (b) County 2

(c) City or town Tuscumbia NR
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Exa Blake 420

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Judge

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Oct. (Month) 19 (Day) 1878 (Year)

8. AGE: Years 61 Months 2 Days 4 If less than one day hr. min.

9. Birthplace Heflin (City, town, or county) Alabama (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Simon Strickland
13. Birthplace Heflin (City, town, or county) Alabama (State or foreign country)

MOTHER
14. Maiden name Exa Strickland
15. Birthplace Heflin (City, town, or county) Alabama (State or foreign country)

16. (a) Informant's own signature Martha Blake
(b) Address Tuscumbia, Alambama.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/25/39 (Month) (Day) (Year)
(c) Place: burial or cremation Tuscumbia, Ala.

18. (a) Signature of funeral director Albert H. Hoppe.
(b) Address 4700 Washington Ave

19. (a) DEC 26 1939 (Date received local registrar) (b) J. F. Bridock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23
year 1939 hour 11 minute 20 P.M.

21. I hereby certify that I attended the deceased from Dec. 1st, 1939, to Dec. 23, 1939;
that I last saw her alive on Dec. 23, 1939;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Paralysis Agitans (Post Encephalitis.) non epidemic	
Due to Terminal Pneumonia diffuse	
Due to Broncho	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Arachnitis	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically

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22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature R. M. Klaumel (M. D. or other)
Address Beaumont Bldg. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Albert H. Hoppe

Licensed Embalmer No. 1861

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.