S. No. 2
—11-10-39
v. 5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30456

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7733

1. PLACE OF DEATH:
(a) County
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community 16 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4310 Fairfax
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Nancy Strayhorn
3. (b) If veteran, name war ----------
3. (c) Social Security No. 489-10-6210
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lee Strayhorn
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased Unavailable, 1903 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
About 37			hr. min.

9. Birthplace Swanlake, Mississippi (City, town, or county) (State or foreign country)
10. Usual occupation Racker
11. Industry or business Liggett-Meyers Tobacco Co
MOTHER FATHER
12. Name Harry Revels
13. Birthplace Swanlake, Mississippi (City, town, or county) (State or foreign country)
14. Maiden name Madrie Hall
15. Birthplace Swanlake, Mississippi (City, town, or county) (State or foreign country)
16. (a) Informant Fred Winston
(b) Address 4310 Fairfax Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/19/1940 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Avenue
19. (a) SEP 16 1940 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14 year 1940 hour 12:15 minute A M.
21. I hereby certify that I attended the deceased from Sept 11, 1940 to Sept 14, 1940; that I last saw her alive on Sept 14, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Cervix c̄ Metastasis (old record)	Abt 2 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

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 Leon A. Smart (M. D. or other)
Address 2601 N Whittier Date signed 9/16/40

(Licensed Embalmer's Statement on Reverse Side)

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 James A. Johnson, Registered Apprentice No. ..... working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

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