

Registration District No. 284

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. Adm. 3/15/42.
(Specify whether
In this community Since 3/15/42.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS. (b) County Clinton
(c) City or town Trenton.
(If outside city or town limits, write "RURAL")
(d) Street No. Box 102
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME

Carl Strohm

3. (b) If veteran,

name war Peace Time

3. (c) Social Security

No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Single
6. (b) Name of husband or wife. - 6. (c) Age of husband or wife if
alive. - years
7. Birth date of deceased July 28, 1975
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 7 22 hr. min.

9. Birthplace Trenton Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Inspector

11. Industry or business -

12. Name Samuel H. Strohm

13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

14. Maiden name Ophelia Ely

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant M. Schilling

(b) Address Clinical Clerk, JAF, Jeff. Bks., Mo.

17. (a) Removal (b) Date thereof 3/18/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation trenton, Ill.

18. (a) Signature of funeral director. Albert H Hoppe

(b) Address 4700 Washington

19. (a) MAP 21 1042 (b) C. H. Mc Gowan M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20th
year 1942 hour 7:45 minute - a.m.

21. I hereby certify that I attended the deceased from
March 15, 1942 to March 20, 1942
and that death occurred on the date and hour stated above.
that I last saw him alive on March 20, 1942

Immediate cause of death Carcinoma of cardiac end of stomach, with extensive liver metastases and portal obstruction.

Due to - Duration Unknown
Due to -
Other conditions - (Include pregnancy within 3 months of death) 46 f

Major findings: Of operations - Of autopsy Autopsy performed. See cause of death.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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?

While at work? Rustford (Specify type of place) Means of injury -
23. Signature R. W. GOOD, M.D. (M. D. or other)
Address Acting Chief Medical Officers, signed 3/20/42

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

96
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MOTHER FATHER

707

MAR 26 1922

STATE OF
MISSISSIPPI
DEPARTMENT OF HEALTH

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.....
Walter H. Burnley

Licensed Embalmer No. 4202

P. O. Address St Louis, Mo

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, fact should be so stated above.