DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 14 1942

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 29216

Registrar's No. 8122

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: HOMER G PHILLIPS D (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Sept 20-1942 (Specify whether years, months or days) In this community nine months

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis

(c) City or town St Louis (If outside city or town limits, write "RURAL")

(d) Street No. 601 Rutger (If rural, give location)

(e) Citizen of foreign country? ~~(Yes or~~ No)

If yes, name country

3. (a) PRINT FULL NAME Jimmie Strong

3. (b) If veteran, name war

3. (c) Social Security No. 437-26-6867

4. Sex MALE

5. Color or race COL

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

6. (b) Name of ~~husband~~ or wife Doretha

6. (c) Age of ~~husband~~ or wife if alive 23 years

7. Birth date of deceased Aug (Month) 15 (Day) 1910 (Year)

8. AGE: Years 32 Months 1 Days 10 If less than one day hr. min.

9. Birthplace Mervouge (City, town, or county) La (State or foreign country)

10. Usual occupation Labor

11. Industry or business Leggett & Myers

FATHER 12. Name Robert Strong

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

MOTHER 14. Maiden name Ella Sephus

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

16. (a) Informant Doretha Strong

(b) Address 601 Rutger

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Marrouge La

18. (a) Signature of funeral director S. D. Watson

(b) Address 9769 Gravois

19. (a) OCT 1 1942 (Date received local registrar) (b) J. F. Medeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25th year 1942 hour 6:20 minute A. M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Fractured Skull Subdural hemorrhage of Brain Time Place Cause	
Due to * Manner of injury could not be ascertained	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Pending

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 Thomas F Kellar (Coroner)

Address Deputy Coroner Date signed 9/25/42

(Licensed Embalmer's Statement on Reverse Side)

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

42
7-39
X32873

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.....

Licensed Embalmer No. 269

P. O. Address 2749 Chour

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

If this body is not embalmed, fact should be so stated above.

S. No. 2B
1—8-21-41
I X29288

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. 29216

Registration District No. ____ Primary Registration District No. 1003 Registrar's No. 81

1. PLACE OF DEATH:

(a) County ____

(b) City or town ____ (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home of Phillips (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State ____ (b) County ____

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

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

(e) Citizen of foreign country? ____ (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME Jimmie Strong

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex M 5. Color or race B 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased Aug (Month) 15 (Day) 1910 (Year)

8. AGE: Years 32 Months 1 Days ____ If less than one day ____ hr. ____ min.

9. Birthplace ____ (City, town, or county) La (State or foreign country)

10. Usual occupation ____

11. Industry or business ____

FATHER 12. Name ____ 13. Birthplace ____ (City, town, or county) ____ (State or foreign country)

MOTHER 14. Maiden name ____ 15. Birthplace ____ (City, town, or county) ____ (State or foreign country)

16. (a) Informant ____ (b) Address ____

17. (a) ____ (Burial, cremation, or removal) (b) Date thereof 10-2-42 (Month) (Day) (Year)

(c) Place: burial or cremation ____

18. (a) Signature of funeral director ____ (b) Address ____

19. (a) OCT 23 1942 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25 year 1942 hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from ____ 19____ to ____ 19____; that I last saw him alive on ____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death ____ Duration

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 ____ (M. D. or other) ____

Address ____ Date signed ____

SUPPLEMENTARY