

FILED JAN 3 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11605

1. PLACE OF DEATH:

(a) County St. Louis.
(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day.
(Specify whether
In this community About 18 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17
(c) City or town St. Louis. 920
(If outside city or town limits, write "RURAL")
(d) Street No. 2504a W. University, St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Julia, Stratton.

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married. 2 divorced Widowed
6. (b) Name of husband or wife Benjamin, Stratton 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 12 5 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 0 16 hr. min.

9. Birthplace St. Louis, Mo. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name John, Quirk
13. Birthplace County Iree Ireland 4
(City, town, or county) (State or foreign country)
14. Maiden name Maria, Killeen
15. Birthplace Unknown New Orleans 5
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph, Stratton

(b) Address 2502 Hebert, St.

17. (a) Burial (b) Date thereof 12-24-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 2228 St. Louis Ave,

19. (a) DEC 28 1943 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 21
year 1943 hour 5 minute 37 A.M.

21. I hereby certify that I attended the deceased from Dec. 6, 1943
19 to Dec. 21, 1943
that I last saw him alive on Dec. 20, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 2 days
myocarditis
Due to Chor. nephritis
Arterio Sclerosis
Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy none

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____

While at work? _____ (Specify type of place) Means of injury _____

23. Signature [Signature] or other _____

Address 2245 Hebert St Date signed 12/23/43

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

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 *Majie A. Cashion*

Licensed Embalmer No. *3949*

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.