

No. 2
12-45
17-39

X47070

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

DEPARTMENT OF COMMERCE
Bureau of Census
1947
FILED APR 23 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

15696
State File No.
3738
Registrar's No.

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Missouri Baptist Hospital
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre
(d) Street No. R.R. #2
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME Ada Ellen Strong
(b) If veteran, name war No
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 6
year 1947 hour 8 minute 35 P.M.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced White
6. (b) Name of husband or wife Harvey M. Strong
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 19 1875

21. I hereby certify that I attended the deceased from 3/15-47, 19 to 4-6-47, 19; and that I last saw him alive on 4-6-47, 19; and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 20 Days 17
If less than one day hr. min.

Immediate cause of death Carcinoma of sigmoid
Duration General Sclerosis

9. Birthplace Bonne Terre Missouri
(City, town, or county) (State or foreign country)

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Retired Housewife

Major findings: Of operations
Of autopsy
PHYSICIAN Underline the cause to which death should be charged statistically.

11. Industry or business

MOTHER FATHER
12. Name Mett Housew
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Annabelle Glöre
15. Birthplace Washington Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse Strong
(b) Address Bonne Terre, Mo.

17. (a) Burial (b) Date thereof 4-9-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonne Terre, Mo.

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

19. (a) (Date received local registrar) 1947 (Registrar's signature) J. F. Bredbeck

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?

While at work? (Specify type of place) (e) Means of injury
23. Signature R. K. Anderson (M. D. or other) 4-8-47
Address 4932 Montclair Date signed

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 *Ernest W. Bellard*

Licensed Embalmer No. *4080*

P. O. Address.....

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.