

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 3309

Registrar's No. 991

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY-REG. DIST. NO. _____		State File No. 3309	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>2018 Rutger St.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Enroute City Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2018 Rutger St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jerry</u>		b. (Middle) <u>Marr</u>		c. (Last) <u>Strickland</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 30 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 28, 1885</u>	
9. AGE (In years last birthday) <u>64</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Am. Car &amp; Fdry</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Switchman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Am. Car &amp; Fdry</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Benjamin F. Strickland</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Russell</u>		14. NAME OF HUSBAND OR WIFE <u>Hattie E. Strickland</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>490-01-0688</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hattie E. Strickland</u> ADDRESS <u>2018 Rutger</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean mode of dying, such as heart failure, asthma, It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES DUE TO (b) <u>Luetic Aortitis</u> DUE TO (c) <u>Syphillitis CNS.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>				INTERVAL BETWEEN ONSET AND DEATH <u>15 hrs.</u> <u>5 yrs.</u> <u>5 yrs.</u> <u>5 yrs.</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>283X 30</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>No</u> HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
I, hereby certify that I attended the deceased from <u>4-9, 1943</u> , to <u>Jan 30, 1949</u> , that I last saw the deceased alive on <u>1-30, 1949</u> , and that death occurred at <u>5 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Frank J. Swchosky M.D.</u>		23b. ADDRESS <u>2528 So Jefferson</u>		23c. DATE SIGNED <u>2-1-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-2-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bismarck, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>FEB 1 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Sasata</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u> ADDRESS <u>4700 Washington Blvd.</u>			

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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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 Me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Edmond R. Remelius

Licensed Embalmer No. 4283

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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

*Death*  
State File No. *3309*  
Local Registrar's No. *99149*

State of ..... }  
County of ..... } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this *4th* day of *Feb.*, 194*9*, before me appears.....  
*Hattie E. Strickland*, who, upon *her* oath, states that the original record of ~~birth~~ death  
for *Jerry Marr Strickland* ~~was~~ <sup>died</sup> *1-30-49*, 19....., in the State of  
Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. *17* should read *Hattie E. Strickland*

Instead of.....  
*Hattie E. Russell*

Item No..... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant

*Hattie E. Strickland*  
informant  
Relationship.

*2018 Rutger*  
Present Address.

Subscribed and sworn to before me this *24* day of *Jan*, 194*9*

My Commission expires *3-4-49* *Walter C. Parlock* Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

