

FILED SEP 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31937**
7782
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <u>St. Louis, Missouri</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri Ill.</u> COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>East St. Louis, Ill 8120</u>	
c. LENGTH OF STAY (in this place) <u>6 days</u>		d. STREET ADDRESS (If rural, give location) <u>584 N. 24th Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Pacific Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u>	b. (Middle) <u>B.</u>	c. (Last) <u>Strohm</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 12 - 1950</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>Sept 9 1903</u>
9. AGE (In years last birthday) <u>47</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>R.R. clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>JOINT AGENCY STOCKYARD</u>	11. BIRTHPLACE (State or foreign country) <u>ILL.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. FATHER'S NAME <u>WALTER FRANK STROHM</u>	

13b. MOTHER'S MAIDEN NAME <u>SARAH McCHESNEY</u>	14. NAME OF HUSBAND OR WIFE <u>BLANCHE LE TEMPT</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>702-12-6577</u>
17. INFORMANT'S SIGNATURE OR NAME <u>Blanche Strohm</u> ADDRESS <u>584 N. 24th, E. St. Louis</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc.* It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of liver</u>		INTERVAL BETWEEN ONSET AND DEATH <u>since Jan 1949</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. - DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>5811</u>

22. I hereby certify that I attended the deceased from Sept 6, 1950, to Sept 12, 1950, that I last saw the deceased alive on Sept 12, 1950, and that death occurred at 11:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. M. BOYD</u> (Degree or title)	23b. ADDRESS <u>Mr Paul Kap</u>	23c. DATE SIGNED <u>Sept 14 1950</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>SEPT. 15 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. HOPE</u>
24d. LOCATION (City, town, or county) (State) <u>E. St. Louis, Ill</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas Burke</u>	ADDRESS <u>E. St. Louis, Ill</u>
DATE REC'D BY LOCAL REG. <u>SEP 14 1950</u>	REGISTRAR'S SIGNATURE <u>J. B. Rauter</u>	

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

Handwritten signature/initials on the left margin.

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed..... *Chas Burke*

Licensed Embalmer No. 2421

P. O. Address E. St. Louis, Ill

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.