

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36896

State File No. _____
Registrar's No. **9991**

FILED NOV 13 1952

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. 9991			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Louisiana b. COUNTY Acachita Parish							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monroe					
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hospital				d. STREET ADDRESS (If rural, give location) 2301 Marie Pl.							
3. NAME OF DECEASED (Type or Print) EDWARD			a. (First)		b. (Middle) McHENRY		c. (Last) STRONG		4. DATE OF DEATH (Month) (Day) (Year) Oct. 29 52		
5. SEX M		6. COLOR OR RACE Wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH June 2, 1874		9. AGE (in years last birthday) 78		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Agent				10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. R.R.		11. BIRTHPLACE (City and State or Foreign Country) Monroe, La.			12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME George W. Strong				13b. MOTHER'S MAIDEN NAME Elizabeth Hunt			14. NAME OF HUSBAND OR WIFE Katherine				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 702-16-8723		17. INFORMANT'S SIGNATURE OR NAME W.D. Strong, Monroe, La. ADDRESS _____					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis								INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>								1948	
		DUE TO (b) Carcinoma of Cecum									
		DUE TO (c) _____									
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Ca of the prostate & metastasis to bone?									
19a. DATE OF OPERATION March 1949		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Cecum								20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 153X							
22. I hereby certify that I attended the deceased from March, 1949 , to Oct 29, 1952 , that I last saw the deceased alive on Oct 29, 1952 , and that death occurred at 10 P.M. , from the causes and on the date stated above.											
23a. SIGNATURE David S. Hoste M.D. (Degree or title)						23b. ADDRESS Mo Pacific Hosp			23c. DATE SIGNED 10/30/52		
24. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-30-52		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) Monroe, La.					
DATE REC'D BY LOCAL REG. OCT 30 1952		REGISTRAR'S SIGNATURE David Smith M.D.				25. FUNERAL DIRECTOR'S SIGNATURE. ADDRESS Albert H. Hoppe, 4700 Washington Blvd					

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John A. Demueky

Licensed Embalmer No. 41,990

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.