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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4080

State File No.

FILED JAN 30 1953

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>0185</u>			
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>ST. LOUIS</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u>		c. LENGTH OF STAY (In this place) <u>20 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u>		<u>445²</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7577 WESTMORLAND</u>				d. STREET ADDRESS (If rural, give location) <u>7577 WESTMORLAND DRIVE</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>JULIUS</u>			b. (Middle) <u>EDMUND</u>		c. (Last) <u>STRONG</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 18 53</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>JULY 14, 1876</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 4 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>OWNER CONTRACTOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HARTING</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>JOHN H. STRONG</u>			13b. MOTHER'S MAIDEN NAME <u>BERNIE SCHATZMAN</u>		14. NAME OF HUSBAND OR WIFE <u>MARGARET</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Margaret Strong 7577 Westmorland</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis</u> DUE TO (c) <u>33IX</u>				INTERVAL BETWEEN ONSET AND DEATH <u>few minutes</u> <u>1 year</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pseudo bulbar palsy</u> <u>Feeding gastrostomy</u>									
19a. DATE OF OPERATION <u>4-22-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>No abnormal findings - Feeding gastrostomy</u>				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) (Minute) <u>1 13 30 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Nov 30, 1952</u> , to <u>Jan 18, 1953</u> , that I last saw the deceased alive on <u>Jan 15, 1953</u> , and that death occurred at <u>12-05 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>James J. January M.D.</u>				23b. ADDRESS <u>4161 Fenwick Blvd St. Louis</u>		23c. DATE SIGNED <u>Jan 19, 1953</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1/20/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>1-19-53</u>		REGISTRAR'S SIGNATURE <u>Hedrick R. Douthett</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter Madison 5165 Delmar St. St. Louis</u>					

(Licensed Embalmer's Statement on Reverse Side)

James H. Jensen
Ill. 9100
4161 Franklin
La 1870
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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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Ronald O Jensen

Licensed Embalmer No.

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P. O. Address.....

St Paul

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.