No. 300
10.48

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

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31545

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7531

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mo. Pac. Employ Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 4466 Swan Ave. 2 15 10

3. NAME OF DECEASED (Type or Print)
a. (First): Alexius
b. (Middle): J.
c. (Last): Strong

4. DATE OF DEATH (Month) (Day) (Year): Aug-25-1955

5. SEX: Male
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 27 1884
9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RAILROAD ENG.
10b. KIND OF BUSINESS OR INDUSTRY: Mo. PAC.
11. BIRTHPLACE (City and State or Foreign Country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: PHILIP STRONG
13b. MOTHER'S MAIDEN NAME: ELLEN MILLER
14. NAME OF ~~HUSBAND~~ OR WIFE: ELLEN A. STRONG 4466 SWAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: ELLEN STRONG ADDRESS: 4466 SWAN

MEDICAL CERTIFICATION

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) Empyema massive Left — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchopneumonia — 2 wks
DUE TO (c) — Many years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
arterio nephro sclerosis
arterio sclerosis gen.
arterio sclerotic heart disease

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 491X

22. *I hereby certify that I attended the deceased from* 7-29-, 19__, *to* 8-25, 1955, *that I last saw the deceased alive on* 8-25-1955, *and that death occurred at* 9:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Leland E. Hoots (Degree or title) MD
23b. ADDRESS: Mo Pac Hosp.
23c. DATE SIGNED: 8/26/55

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: Aug. 29 1955
24c. NAME OF CEMETERY OR CREMATORY: MT. CARMEL CEM.
24d. LOCATION (City, town, or county) (State): BELLEVILLE ILLINOIS

DATE REC'D BY LOCAL REG.: AUG 29 1955
REGISTRAR'S SIGNATURE: J. Carl Schmidt MD
25. FUNERAL DIRECTOR'S SIGNATURE: Thomas Kutis ADDRESS: 2906 Gravois

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Leo J. Budde

Licensed Embalmer No. 39

P.O. Address St. Louis

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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