

FILED MAR 24 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012784
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>317</u>	PRIMARY REG. DIST. NO. <u>500</u>	Registrar's No. <u>734</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>MISSOURI</u> b. COUNTY <u>JEFFERSON</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>JEFFERSON BARRACKS</u>		c. LENGTH OF STAY (in this place) <u>238</u>	c. CITY OR TOWN <u>HILLSBORO</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSP.</u>		e. STREET ADDRESS (If rural, give location) <u>ROUTE NO. 1</u>		
3. NAME OF DECEASED a. (First) <u>JEROME</u>		b. (Middle) <u>--</u>	c. (Last) <u>STROMBERG</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-10-58</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>12-17-37</u>	9. AGE (In years last birthday) <u>20</u> 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) <u>U.S. NAVY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S.A.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>HILLSBORO, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>WALTER STROMBERG</u>		13b. MOTHER'S MAIDEN NAME <u>OCTAVIA</u>	14. NAME OF HUSBAND OR WIFE <u>- None -</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>YES KOREAN</u>		16. SOCIAL SECURITY NO. <u>- None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VA HOSP. RECORDS, JEFFERSON BARRACKS, MO.</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ENCEPHALOPATHY</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>TRAUMA</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>21 MONTHS</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>8161'</u> <u>26</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, street, office bldg., etc.) <u>Guam, Marianas Islands</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>333 Guam, Marianas Islands</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-4-1956</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>car collision with truck</u>		
22. I hereby certify that I attended the deceased from <u>7-15-57</u> , 19 <u>57</u> , to <u>3-10-58</u> , 19 <u>58</u> , and that death occurred at <u>4:20 a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>W. Oppie, Jr.</u>		23b. ADDRESS <u>M.D. VA HOSP. JEFFERSON BARRACKS, MO.</u>		23c. DATE SIGNED <u>3/10/58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAR. 14, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>JEFFERSON BARRACKS, MO.</u>
DATE REC'D BY LOCAL REG. <u>3-12-58</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donker, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>KRIEGSHAUSER 4228 S. KINGSHIGHWAY BL.</u>	

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.....
Signature of Student Embalmer

Signed *Edwin A. B. Kern*.....

Licensed Embalmer No. *302*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.