

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027488
State File No.

FILED JUL 18 1958

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 6666

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>7</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>ST. LOUIS</i>		c. LENGTH OF STAY (In this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>ST. LOUIS</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>27 HOMER G. PHILLIPS</i>		d. STREET ADDRESS (If rural, give location) <i>2512 25 N. THIRTEENTH ST</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Henry</i> b. (Middle) c. (Last) <i>Strong</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>7 1 58</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>negro</i>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>UNKNOWN</i>	8. DATE OF BIRTH <i>5/14/196</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) Months Days Hours Min. <i>62</i>
11. BIRTHPLACE (State or foreign country) <i>MISS.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>	
13a. FATHER'S NAME <i>Thomas Strong</i>		13b. MOTHER'S MAIDEN NAME <i>Bell Tooley</i>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>	
16. SOCIAL SECURITY NO. <i>490-18-2565</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Cherie Mills 809 A 70th</i>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <i>Chronic Fibrosis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <i>Cardiac Hypertrophy</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>4344</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>9:15 A</i> m., from the causes and on the date stated above.			
23a. SIGNATURE (Type or Print) <i>Patrick E. Taylor</i>		23b. ADDRESS <i>1300 Clark</i>	
23c. DATE SIGNED <i>7-3-58</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	
24b. DATE <i>7-7-58</i>		24c. NAME OF CEMETERY OR CREMATORY <i>GAINDALE CEM.</i>	
24d. LOCATION (City, town, or county) (State) <i>LEMAY COUNTY, MO.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>W. R. CLAIN 4251 WASHINGTON</i>	
DATE REC'D BY LOCAL REG. <i>III 3 '58</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>	

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 Leroy W. Barnister

Licensed Embalmer No. 4523

P. O. Address 4251 Washington

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.