

NOV 16 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

33750

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City..... **St. Louis, Mo.** (d) Street No. **Firmin Deloge Hospital** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred **N. Rys.** mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Raymond Stroup**

(a) Residence, No. _____ St. **NR** **Bourbon, Missouri**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Alice Stroup**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 21/1913**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 3 14
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Laborer**
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) **July 1938** 11. Total time (years) spent in this occupation **6 yrs.**

12. BIRTHPLACE (CITY OR TOWN) **Crawford County** 6
(STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **John Stroup** 0
14. BIRTHPLACE (CITY OR TOWN) **Crawford County** 0
(STATE OR COUNTRY) **Missouri**

MOTHER 15. MAIDEN NAME **Cornilia Hortle**
16. BIRTHPLACE (CITY OR TOWN) **Crawford County**
(STATE OR COUNTRY) **Missouri.**

17. INFORMANT **Ernest Stroup**
(ADDRESS) **Bourbon, Missouri**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Bourbon, Missouri** DATE **Oct. 7/ 1938**

19. FUNERAL DIRECTOR (NAME) **Albert H. Hoppe, Inc.**
(ADDRESS) **4700 Washington, Blvd.**

20. FILED **OCT 6 1938** **J. Bredeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 5, 1938**22. I HEREBY CERTIFY, That I attended deceased from **Aug 29, 1938** to **Oct 5, 1938**I last saw him alive on **Oct 5, 1938** Death is saidto have occurred on the date stated above, at **6:54 a.m.**

The principal cause of death and related causes of importance were as follows:

Lympho sarcomatosis Date of onset **Unknown.**
Metastasis to lung, Riv. Apleaf
Brain, Spinal Cord & Peri-
carium
Primary at - glands of Neck

Other contributory causes of importance:

Name of operation **None** Date of _____
What test confirmed diagnosis? **Biopsy** Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify _____

(Signed) **Stanley H. ...** M. D.(Address) **Firmin Deloge Hospital**

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

Registered Apprentice No., working under my personal supervision,

Signed,

Licensed Embalmer No. 3575

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, above space should be left blank.