

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

2175
Do not use this space.

REC'D FEB 23 1939

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 289
 (b) Township Malden Primary Registration District No. 4173 Registered No. 4
 (c) City Malden (d) Street No. _____ 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Mary E. Stropp
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15 - 1894
 7. AGE YEARS 54 MONTHS 3 DAYS 24 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Rail Road Section Foreman
 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) Dec - 3 - 1938 11. Total time (years) spent in this occupation 30
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leona Mo.
 FATHER 13. NAME Andrew J. Stropp
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 MOTHER 15. MAIDEN NAME Jane Fitzgibbon
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT (ADDRESS) Mrs. Mary Stropp Malden, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Bloomfield DATE 1-10-1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. De Brang Malden, Mo.
 20. FILED 1/10/1939 S. S. Mitchell Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 9 - 1939

I HEREBY CERTIFY That I attended deceased from Mo. 26 1937 to Jan 9 1939
 I last saw him alive on Jan 3rd 1939. Death is said to have occurred on the date stated above, at 545 A. D.
 The principal cause of death and related causes of importance were as follows:

Double Labor Pneumonia Date of onset Jan. 3rd 1939
Chronic Tuberculosis
et Chronic Bronchitis
Nephritis (2 yrs)

Other contributory causes of importance:

Name of operation None Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

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) S. S. Mitchell, M. D.
 (Address) Malden, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOTICE TO EMPLOYERS OF THE DISTRICT OF COLUMBIA
HOSPITALS AND INSTITUTIONS
OF THE DISTRICT OF COLUMBIA

RECEIVED

District Health Officer No.

District File Number 29-10

Date Filed 9-8-39

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, _____

Myself

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed

Van H. Orsang

Licensed Embalmer No. 2856

P. O. Address Malden, Mo.

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.