

19
No. 2
-1-4-41
5-17-49
I X26397

Registration District No.

Primary Registration District No.

1003

JAN 6 4 1942 791

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Days
(Specify whether
In this community 45 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
4326 a West Papin
(If rural, give location)
(d) Street No. _____
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3,
year 1941 hour 5:45 minute P. M.
21. I hereby certify that I attended the deceased from November
25, 19 41 to December 3, 19 41
that I last saw her alive on December 3, 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Thrombosis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy Pulmonary Thrombosis

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(b) Means of injury _____
23. Signature John E. P. [Signature] (M. D. or other)
Address 1515 Lafayette Avenue Date signed 12/4/41

3. (a) PRINT FULL NAME Helen Stroup
3. (b) If veteran, name war Nil 3. (c) Social Security No. Nil
4. Sex Female 5. Color of race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Guy Stroup 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased Nov. 6, 1896
(Month) (Day) (Year)

8. AGE: Years 45 Months --- Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
housewife

10. Usual occupation _____

11. Industry or business None

MOTHER FATHER { 12. Name Andrew Kley
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Katherine Gormley
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Guy Stroup
(b) Address 4326 a West Papin

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 6, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Guy Muller
(b) Address 5041 Delmar Blvd.

19. (a) DEC 5 1941 (Date received local registrar) J. F. Brudek (Registrar's signature)

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

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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

John Fetter
3880

Licensed Embalmer No.

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, fact should be so stated above.