

Registration District No.

318

Primary Registration District No.

1003

6166

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2235 S. 2nd St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **000**
(c) City or town..... **St. Louis** (If outside city or town limits, write "RURAL")
(d) Street No. **2235 S. 2nd St.** (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **0**

3. (a) PRINT FULL NAME **Lewis Leon Troup**

3. (b) If veteran, name war..... **no** 3. (c) Social Security No. **no**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... **?** **?** **1884**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 **?** **?** ..hr.min.

9. Birthplace..... **Unknown** **9**
(City, town, or county) (State or foreign country)

10. Usual occupation **odd jobs**

11. Industry or business

12. Name..... **Unknown** **9**

13. Birthplace..... **unknown** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace..... **Unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Dolly Varden O'Dell**
(b) Address..... **2235 S. 2nd St.**

17. (a) ~~Burial removed~~ (b) Date thereof..... **July 8, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... ~~SS. Matthews Cometary~~

18. (a) Signature of funeral director..... **Weick Bros.**
(b) Address..... **2201 S. Grand Bl.**

19. (a) **JUL 7 1943** (b) **J. J. Breuck**
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **July** day..... **1**
year..... **1943** hour..... **11:00** minute..... **A** M.

21. I hereby certify that I attended the deceased from.....
..... 19..... to..... 19.....
that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Coronary Occlusion;**
Coronary Sclerosis;
Cardiac Hypertrophy.

Due to.....
Due to..... **95**

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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)
(e) Means of injury..... **3**

23. Signature..... **Alfred Perry** (M. D. or other)
Address..... Date signed..... **7/7/43**

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

MOTHER FATHER

804 44

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

Way A. Stewart

Licensed Embalmer No.

3222

P. O. Address

412 DuSoyne

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.