

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40622

State File No. \_\_\_\_\_

FILED JAN 3 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. 11193

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:  
4442 Lee Ave.  
(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)

3. (a) PRINT FULL NAME Hannah K. Stroud

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife William Stroud 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 20 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
83 3 27 hr. \_\_\_\_\_ min.

9. Birthplace Liberty Prairie Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Abel Drake  
13. Birthplace Unknown England  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Clark  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant E. C. Stroud  
(b) Address 4442 Lee Ave.

17. (a) Removal (b) Date thereof 12-19-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Worden, Illinois

18. (a) Signature of funeral director Albert H. Hoppe, Inc.  
(b) Address 4700 Washington Blvd.

19. (a) DEC 21 1943 (b) J. B. Bredesch  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 12  
(c) City or town St. Louis 9/10  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4442 Lee Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18  
year 1943 hour 11:00 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 4  
1943, to Dec. 18 1943  
that I last saw her alive on Dec. 18 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia Duration 2a.

Due to La Grippe 3d.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none

(b) Date of occurrence none

(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? none

While at work? none (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature R. B. Riggs Jr. (M. D. or other)

Address 4158 Newstead Date signed 12-21-43

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

FATHER {  
MOTHER {

---

**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 Gorski*  
2348

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.**