

No. 2
M-5-43
5-17-39
1 X36671

11821

State File No. _____

FILED MAY 12 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3885

00
17
9
WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

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:
5369 Cote Brilliante 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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5369 Cote Brilliante Ave
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lulu Jane Strode

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Joseph W. Strode

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

7. Birth date of deceased Apr. 28 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day	
83	0	2	hr.	min.

9. Birthplace Warrensburg Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {

12. Name Clinton Strode

13. Birthplace Unknown /
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Anderson

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

16. (a) Informant Mrs. Gladys McDonald

(b) Address 5369 Cote Brilliante

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-45
(Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd

19. (a) MAY 1 1945 (Date received local registrar) J. J. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 30
year 1945 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 4th 1944, to April 30th 1945
that I last saw her alive on April 30 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration sudden

Due to Arteriosclerosis indefinite

Due to chronic Myocarditis indefinite

Other conditions 9/2
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 0

23. Signature Harry H. Meyer (M. D. or other) 5/1/45
Address 4903 Delmar Date signed _____

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 Warren A. Casper

Licensed Embalmer No. 3534

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.