

FILED JAN 14 1948

Primary Registration District No. 3016

Registrar's No. 285

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town St. Thomas, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Near St. Thomas, Mo.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Victor Strope

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, Infant
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. 29, 1947
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
		<u>2</u>	<u>2</u>	hr. min.

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

10. Usual occupation Infant

11. Industry or business

12. Name Andrew Strope

13. Birthplace St. Thomas, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Annie Suthoff

15. Birthplace St. Thomas, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Andrew Strope

(b) Address St. Thomas, Mo.

17. (a) Burial (b) Date thereof 1-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Thomas Cemetery

18. (a) Signature of funeral director Victor Buesche

(b) Address Jefferson City, Mo.

19. (a) 12-31-47 (b) R. P. Harris, MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 31
year 47 hour 11:00 minute AM

21. I hereby certify that I attended the deceased from 12-29
1947 to 12-31 1947
that I last saw him live on 12-31-47 1947
and that death occurred on the date and hour stated above, Duration

Immediate cause of death Pneumonia (intermittent)

Due to

Due to

Due to

Due to

Other conditions congenital
(Include pregnancy within 3 months of death)
death disease

Major findings:
Of operations

Of autopsy 1372

PHYSICIAN

Underline the cause of 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?

(e) Means of injury

23. Signature Dean A. Taylor (M. D. or other) M.D.

Address Jefferson City Date signed 12-31-47

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

MOTHER FATHER

RECEIVED
District Health Inspector No. 9,
District File No. 1-13-48
Date Filed

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 Alvin Tenzel Jr., Registered Apprentice No. 80 working under my personal supervision.

Signed Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City 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, fact should be so stated above.