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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 1 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18069

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4660

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: Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Carrie Kathleen Stroup
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
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 October (Month) 1 (Day) 1893 (Year)

8. AGE: Years 54 Months 7 Days 17 If less than one day hr. min.

9. Birthplace Madison Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housework
11. Industry or business

FATHER
12. Name Caleb Stroup
13. Birthplace Wayne Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Candace Hovis
15. Birthplace Madison Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant J. R. Johnson
(b) Address Gravelton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation Fredericktown, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) MAY 19 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1948 hour 12 minute 30 A.M.
21. I hereby certify that I attended the deceased from 5/1/48, 19 to 5/18/48, 19; that I last saw her alive on 5/17/48, 19; and that death occurred on the date and hour stated above.

Immediate cause of death toxic goiter	Duration
Due to Adenoma of goiter (benign)	10 yrs
Toxic hyperplasia	3 mos
Due to	
Other conditions — (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy none

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Leo H. Hauser (M. D. or other)
Address 3701 Grandel Sq. Date signed 5/18/48

(Licensed Embalmer's Statement on Reverse Side)

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 Ray C. Campbell

Licensed Embalmer No. 3881

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.