

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32227
State File No. 2834

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Charles Co.		
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) 0	c. CITY (If outside corporate limits, write RURAL and give township) St. Charles,		d. STREET ADDRESS (If rural, give location) 844 Forest Ave.,
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital			d. STREET ADDRESS (If rural, give location) 844 Forest Ave.,		
3. NAME OF DECEASED (Type or Print) a. (First) VIVIAN b. (Middle) RUTH c. (Last) STROMSOE			4. DATE OF DEATH (Month) (Day) (Year) Oct. 1, 1949.		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH April 14, 1933	9. AGE (In years last birthday) 16	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if no longer) Sagger		10b. KIND OF BUSINESS OR INDUSTRY Battery Switzer Cleaning Co.	11. BIRTHPLACE (State or foreign country) Steelville, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Carl Stromsoe		13b. MOTHER'S MAIDEN NAME Anna Cooper		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 488-34-2463	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. LaVerne Taylor, St. Charles, Mo.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subacute Poliomyelitis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 weeks
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) St. Louis, Mo. 36		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 0800		
22. I hereby certify that I attended the deceased from August 1949 to Oct 1, 1949 , that I last saw the deceased alive on Oct. 1, 1949 and that death occurred 5:30 P.M. from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) R. A. Meyers, M.D.			23b. ADDRESS 539 N. Grand, St. Louis, Mo.		23c. DATE SIGNED 10/3/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Oct. 4, 1949	24c. NAME OF CEMETERY OR CREMATORY Liberty Cem.,		24d. LOCATION (City, town, or county) (State) Steelville, Mo.	
DATE REC'D BY LOCAL REG. OCT 3 1949		REGISTRAR'S SIGNATURE J. B. Lanster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark, 1125 Hodiamont Ave.,	

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

860
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Dr. Raymond A. Mezera
539 No. Grand Blvd.,
Je. 9284.

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Elmo R. Padwell

Licensed Embalmer No. 4077

P. O. Address St. Louis, 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.