

No. 300  
10-45

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 19 1950

State File No. 25485

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 1666

1. PLACE OF DEATH a. COUNTY <b>St. Louis,</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri,</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Clayton 5, Missouri.</b>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <b>37 OR TOWN University City 5, 4396</b>	d. STREET ADDRESS (If rural, give location) <b>7274 Creveling Drive.</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis County Hospital.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b>	b. (Middle)	c. (Last) <b>STROH.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 8, 1950.</b>
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5. SEX <b>Male.</b>	6. COLOR OR RACE <b>White.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married.</b>	8. DATE OF BIRTH <b>September 17, 1868.</b>	9. AGE (In years last birthday) <b>81.</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Pres., Stroh Auto Delivery Company.</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>(Unknown) Stroh.</b>	13b. MOTHER'S MAIDEN NAME <b>(Unknown)</b>	14. NAME OF HUSBAND OR WIFE <b>Leona E. Stroh.</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no.</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>no.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Leona Stroh - 7274 Creveling Dr.</b>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>subdural Hemorrhage</b>		<b>4 hrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<b>2 1/2</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Fracture - Ribs</b>		<b>4 hrs.</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>NONE</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE, (Specify) <b>HOMICIDE</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Public Hiway</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis MO.</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>July 8 1950 12:30</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Auto collided with another auto AUTO ACCIDENT</b>

22. I hereby certify that I attended the deceased from **7-8-1950**, to **7-8-1950**, that I last saw the deceased alive on **7-8-1950**, and that death occurred at **6:35 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>D. J. Schewe, Jr. M.D.</b> (Degree or title)	23b. ADDRESS <b>601 Beentwood, Clayton</b>	23c. DATE SIGNED <b>7-10-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7/11/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park,</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri.</b>
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DATE REC'D BY LOCAL REG. <b>7-10-50</b>	REGISTRAR'S SIGNATURE <b>Herbert H. Doube</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C. R. Lupton &amp; Sons,</b>	ADDRESS <b>7233 Delmar Blv'd.,</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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00720 1952

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.