No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10683

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2816

1. PLACE OF DEATH
a. COUNTY —
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST LOUIS
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ERIE HOTEL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE ~~ERIEH~~ Mo
b. COUNTY
c. CITY ~~OR~~ TOWN (If outside corporate limits, write RURAL and give township) 25 ST LOUIS - 2259.
d. STREET ADDRESS (If rural, give location) ERIE HOTEL

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) HARRY BENSON STROPES

4. DATE OF DEATH (Month) (Day) (Year) MAR. 25 1951

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDWOWER
8. DATE OF BIRTH June - 1885
9. AGE (In years last birthday) 65 — IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONSTRUCTIAN FORLMAN ELEC.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) TERRE HAUTE IND
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME WILLIAM STROPES
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND OR WIFE NETTIE STROPES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 489-14-4487
17. INFORMANT'S SIGNATURE OR NAME HELEN KUEHNER ADDRESS

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) _____ INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pericarditis
DUE TO (c) Labor Pneumonia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 490X

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 1108P m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title)
23b. ADDRESS Boc Clinic
23c. DATE SIGNED 3/26/51

24a. BURIAL, CREMATION, REMOVAL (Specify) [illegible]
24b. DATE Mar 27-1951
24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cem
24d. LOCATION (City, town, or county) (State) Kirkwood Mo

DATE REC'D BY LOCAL REG. 3-26-51
REGISTRAR'S SIGNATURE J B Fasater
25. FUNERAL DIRECTOR'S SIGNATURE Parker - Aldrich Fun Home Grove Mo ADDRESS Webster

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No.....

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.