

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6805

State File No.
Registrar's No. 1226

FILED MAR 5 1952

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS COUNTY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>E. ST. LOUIS 8120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CHILDREN'S HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>1805 McCASLAND 8</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHATMAN</u> b. (Middle) <u>McBRIDE</u> c. (Last) <u>STRODE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-7-52</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>3-8-39</u>
9. AGE (In years last birthday) <u>12</u>		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>CLARKDALE, ARK.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SCHOOL BOY</u>		12. CITIZEN OF WHAT COUNTRY? <u>AMERICA</u>	
13a. FATHER'S NAME <u>WILLIE STRODE</u>		13b. MOTHER'S MAIDEN NAME <u>CARRIE WILLIAMS</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>L. Aurich</u> ADDRESS <u>500 S. Kings Highway</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Failure</u> ANTECEDENT CAUSES <u>Pneumonia</u> DUE TO (b) <u>Concomitant</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH	
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 (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>HOL. 3</u>	
22. I hereby certify that I attended the deceased from <u>2-1</u> <u>1952</u> to <u>2-7</u> <u>1952</u> , that I last saw the deceased alive on <u>2-7</u> <u>1952</u> and that death occurred at <u>7:15 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. L. J. ...</u> (Name or title)		23b. ADDRESS <u>St. Louis Childrens Hosp.</u>	23c. DATE SIGNED <u>2/8/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>2-8-52</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>East St. Louis Ill.</u>
DATE REC'D BY LOCAL REG. <u>FEB 8 1952</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>P. J. Cragler 1036 Tudor ave</u>	

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 me

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Ben. H. Radwin

Licensed Embalmer No. 2430

P. O. Address E. Harris E.

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.