

5. No. 300 APR 3 1952
 V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

11638

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 4468 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Ste. Genevieve</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) MISSOURI <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. MARYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Groves 4577</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>506 Clark Ave</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WALTER</u> b. (Middle) <u>LEROY</u> c. (Last) <u>STROUD Sr.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 26 1952</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 22, 1914</u>
9. AGE (In years last birthday) <u>37</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Electric Supply Co</u>	
11. BIRTHPLACE (State or foreign country) <u>Kennett Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>David Stroud</u>		13b. MOTHER'S MAIDEN NAME <u>Maud Stegener</u>	
14. NAME OF HUSBAND OR WIFE <u>Dorothy McDeide</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W. 2 - Navy</u>		16. SOCIAL SECURITY NO. <u>491-07-3718</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mildred Stroud - 216 Richmond Hill</u>		ADDRESS <u>West Helena Ark</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>Crushed Skull & Chest</u> ANTECEDENT CAUSES Morbid 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>095 E8161-26</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Mo. Hwy. #25</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Marys - Ste. Genevieve Mo</u>			
21d. TIME OF INJURY. <u>Mar. 26-52 7Pm</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Collision of his car & a truck</u>			
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 _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Leo E. Basler</u>		23b. ADDRESS <u>Ste. Genevieve Mo</u>	
(Degree or title) <u>3 - Coroner</u>		23c. DATE SIGNED <u>3-27-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Mar. 29-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Dellefontaine Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>	
DATE REC'D BY LOCAL REG. <u>Mar 31-19-52</u>		REGISTRAR'S SIGNATURE <u>Theresa M. Karl</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. W. Kuehler</u>		ADDRESS <u>4228 S. Kingshighway</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0950
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SEP 18 1957

APR 15 1952

APR 9 1957

APR 12 1957

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 William R. White

Licensed Embalmer No. 4291

P. O. Address 4228 S. King Highway

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.