

FILED JUL 9 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22715  
5814

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis, Mo.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>St. Clair</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (If this place) <b>2 days</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's INT.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>East St. Louis, Ill</b>	
3. NAME OF DECEASED (Type or Print) <b>Millie</b>		d. STREET ADDRESS (If rural, give location) <b>1328 Baker St. 8</b>	
a. (First)	b. (Middle)	c. (Last) <b>Stroughter</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>June 20, 1952</b>		5. SEX <b>Female</b>	
6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	
8. DATE OF BIRTH <b>Feb. 22 1898</b>		9. AGE (In years last birthday) <b>54</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	
11. BIRTHPLACE (State or foreign country) <b>Monteizella Ark.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Jim Harris</b>		13b. MOTHER'S MAIDEN NAME <b>Adline Harris</b>	
14. NAME OF HUSBAND OR WIFE <b>John Stroughter</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>None</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Donnie Oswell</b> ADDRESS <b>319 South 6th St.</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b> INTERVAL BETWEEN ONSET AND DEATH <b>3 hours</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <b>331K</b>		22. I hereby certify that I attended the deceased from <b>June 19, 1952</b> to <b>June 20, 1952</b> , that I last saw the deceased alive on <b>June 20, 1952</b> and that death occurred at <b>7:30 Am.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>Clifford A. Osbeck, M.D.</b> (Degree or title)		23b. ADDRESS <b>360A So 15th St. East St. Louis, Ill</b>	
23c. DATE SIGNED <b>6/20/52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>6-23-52</b>		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) (State) <b>East St. Louis, Ill</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>P. Leo Cragg</b> ADDRESS <b>1036 Tudor Ave.</b>	
DATE REC'D BY LOCAL REG. <b>JUN 23 1952</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>	

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 me

working under my personal supervision.

Student Embalmer No.....

Signed

Ben H. Baldwin

Signed.....  
Student Embalmer

Licensed Embalmer No 2470

P. O. Address East St Louis Ill

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.