

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43852

State File No. 11342

FILED JAN 10 1953

BIRTH NO. 88720 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11342

1. PLACE OF DEATH a. COUNTY <u>St. Louis, Mo</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		c. LENGTH OF STAY (In this place) <u>4 hrs 5 min</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ev. Deaconess Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>23 2655 Eads Ave</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clyde</u>		b. (Middle) <u>Francis</u>		c. (Last) <u>Stroud</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-8-52</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>		8. DATE OF BIRTH <u>12-8-52</u>		9. AGE (In years last birthday) <u>2</u> IF UNDER 1 YEAR Months <u>5</u> IF UNDER 12 HRS. Days <u>2</u> Hours <u>5</u> Min. <u>5</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Clyde Andrew Stroud</u>			13b. MOTHER'S MAIDEN NAME <u>Lois Edna Pettyjohn</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>-</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lois Stroud, 2655 Eads, St. Louis</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature labor</u> ANTECEDENT CAUSES <u>Undetermined cause</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>-</u> DUE TO (c) <u>-</u> II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2:05</u>	
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) <u>12-8-52</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>776X</u>			
22. I hereby certify that I attended the deceased from <u>12-8, 1952</u> to <u>12-8, 1952</u> , that I last saw the deceased alive on <u>Dec 8, 1952</u> , and that death occurred at <u>1:30pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Lee C. Hall</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>634 N. Grand Ave</u>		23c. DATE SIGNED <u>8 Dec 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-10-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>DEC 9 1952</u>		REGISTRAR'S SIGNATURE <u>J. Charles Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McC Laughlin F.H., 2301 LA FAYETTE</u>			

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.....

not embalmed

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *James R. Chapman*

Licensed Embalmer No. *4550*

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.