

HC-1699 940

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31547
Registrar's No. 8532

Reg. # 11,111

ST. # 7248 FILED OCT 7 - 1955

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>915 N. Grand, St. Louis, Mo.</u>		c. LENGTH OF STAY (In this place) <u>13</u> days	c. CITY OR TOWN <u>Vienna</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSP.</u>		e. STREET ADDRESS (If rural, give location) <u>Route #3</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>S.</u> c. (Last) <u>STROUD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>September 29, 1955</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>6/2/92</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Policeman</u>		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>63</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Policeman</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Williamson Co., Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John Stroud</u>	
13b. MOTHER'S MAIDEN NAME <u>Laura Cannon</u>		14. NAME OF HUSBAND OR WIFE <u>Mildred Stroud</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW-1</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>VA Hosp. Records, St. Louis, Mo.</u>		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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Carcinoma</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs.</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypernephroma right kidney</u> <u>1 1/2 yrs.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>180x</u>	
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 (Month) (Day) (Year) (Hour) OF INJURY <u>VA</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR		22. I hereby certify that I attended the deceased from <u>9/16</u> , 19 <u>55</u> , to <u>9/29</u> , 19 <u>55</u> , and that death occurred at <u>3:30 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Donald G. Rumer</u>		23b. ADDRESS <u>M.D. VA Hosp., St. Louis, Mo.</u>	
23c. DATE SIGNED <u>9/29/55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>9-29-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Vienna, Ill.</u>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe, 4700 Washington Blvd.</u>	
DATE REC'D BY LOCAL REG. <u>SEP 29 1955</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</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~~..... Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Elmo R. Sadwell*.....

Licensed Embalmer No. *407*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.