

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

37960

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 013
City Saint Louis (No. Deaconess Hospital)

File No.....
Registered No. 9581 Ward.....

2. FULL NAME Helen Grace Stroup

(a) Residence, No. St. 4 Ward. Charleston Mo
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kenneth Stroup

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 20th, 1911

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
22 11 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis Mo

13. NAME Frank Nagel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis Mo

15. MAIDEN NAME Rose Eisel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis Mo

17. INFORMANT (ADDRESS) Frank Nagel 6233 Berthold Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE Nov 7th, 1933

19. UNDERTAKER (ADDRESS) Robert Huebner Inc 6633 Clayton Road

20. FILED 11/6/33 19 J. F. Bredbeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 5th, 1933

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance were as follows:

General Peritonitis following criminal abortion at the hands of Lillie Flux (Col)

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 10/9, 1933

Where did injury occur? Charleston Mo (Specify city or town, county, and State).

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Abortion

Nature of injury General Peritonitis

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) Harold P. Chubb M. D.

(Address) Dep. Farmer

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1934

228

No phy. attendance

175
12

40

11/6/33

