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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1940

Registration District No. 784

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12399

Primary Registration District No. 101

Registrar's No. 539

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

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis Co. Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution D. O. A. (Specify whether years, months or days)

In this community 3 m

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis

(c) City or town: Maplewood
(If outside city or town limits, write "RURAL")

(d) Street No.: 7319 Lohmeyer
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME: Alonzo Stroup

3. (b) If veteran, name war: ..... 3. (c) Social Security No.: none

4. Sex: M 5. Color or race: W 6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Minnie Stroup 6. (c) Age of husband or wife if alive: 65 years

7. Birth date of deceased: Jan. 9, 1872 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
68	2	6	hr. ..... min.

9. Birthplace: Jeff. Co., Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Painter

11. Industry or business: Bell Tel. Co.

FATHER
12. Name: Augustus Stroup
13. Birthplace: Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Clara Williams
15. Birthplace: Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Alpha Vassalli
(b) Address: 1055 Charleville

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-18-1940 (Month) (Day) (Year)
(c) Place: burial or cremation: DeSoto, Missouri

18. (a) Signature of funeral director: Jay B. Smith
(b) Address: 7456 Manchester

19. (a) MAR 18 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15 year 1940 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h. ..... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Automobile accident. Struck while on an automobile while a pedestrian on a public highway;	3/15/40
Due to: Basal fracture of L skull. Lt. Vertebra. Rt. Ribs, Rt. Femur	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 210 M	
Of autopsy: Fracture Lt. & Rt. Femur Vertebra & 11th Thoracic Vertebra	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Accident
(b) Date of occurrence: 3/15/40
(c) Where did injury occur? Maplewood Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? No (e) Means of injury: Motor car

23. Signature: John O'Connell (M. D. or other)
Address: Forest St. Louis Co. Date signed: 3/16/40

(Licensed Embalmer's Statement on Reverse Side)

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 ....., Registered Apprentice No. ..... working under my personal supervision.

Signed H E Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.