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

FILED JUN 6 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 19060

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1068

**1. PLACE OF DEATH:**

(a) County ~~County~~ St. Louis

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

(c) Name of hospital or institution: 422 Scenic Drive
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community ____ years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County St. Louis 96 0 0

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

(d) Street No. 422 Scenic Dr. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Nancy Jane Stroupe

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jesse Stroupe 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased November 16 1869
(Month) (Day) (Year)

8. AGE: Years 71 Months 6 Days 3 If less than one day ____ hr. ____ min.

9. Birthplace Dallas County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation House wife

11. Industry or business ____

FATHER
12. Name John R. Guymon
13. Birthplace Unknown (City, town, or county) G (State or foreign country)

MOTHER
14. Maiden name Emma Barclay
15. Birthplace Unknown (City, town, or county) G (State or foreign country)

16. (a) Informant Dwight L. Goree
(b) Address 422 Scenic Drive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Old Chapel Cem. Dix. Ill.

18. (a) Signature of funeral director Chas. A. Bull
(b) Address 4452 Washington St.

19. (a) MAY 20 1941 (Date received local registrar) (b) T. R. Meyer MD Dir (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 19th
year 1941 hour 10 minute 05 M.

21. I hereby certify that I attended the deceased from 1936, 1936, to May 19, 1941; that I last saw her alive on May 19, 1941 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Chronic Myocarditis | 4 yrs |
| Due to | |
| Due to | |
| Other conditions Chr. Cholecystitis (Include pregnancy within 3 months of death) | 3 yrs |

Major findings:
Of operations ____
Of autopsy ____

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) ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature John A. Morris (M. D. or other)
Address 8209 N. Broadway Date signed 5/20/41

(Licensed Embalmer's Statement on Reverse Side)

8209 N. Delway
Jold. Morris

## 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 John Ketter

Licensed Embalmer No. 2880

P. O. Address _____

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

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