S. No. 2
I—9-4-41
5-17-42
I X-2-44

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 28 1943

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 12894

Registration District No. 818 | Primary Registration District No. 1002 | Registrar's No. 3602

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community 16 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: St. Louis
(c) City or town: 1103 Glasgow Ave (If outside city or town limits, write "RURAL")
(d) Street No.: St. Louis, Mo. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Helen Aneta Troupe
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Female
5. Color or race: Col.
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Albert Troupe
6. (c) Age of husband or wife if alive: 36 years
7. Birth date of deceased: Jan. (Month) 12 (Day) 1912 (Year)

8. AGE: Years 31 | Months 3 | Days 4 | If less than one day ___ hr. ___ min.

9. Birthplace: De Soto (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: Robert Mathews
13. Birthplace: De Soto (City, town, or county) Mo. (State or foreign country)
14. Maiden name: Maybelle Scott
15. Birthplace: De Soto, (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Robert Mathews
(b) Address: 1422 R Avenue, St. Louis Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-19-43 (Month) (Day) (Year)
(c) Place: burial or cremation: City Cemetery, De Soto Mo
18. (a) Signature of funeral director: J. Lee Mathews
(b) Address: De Soto, Mo.
19. (a) APR 17 1943 (Date received by local registrar) (b) J. T. Bruce (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 1943 hour 3 minute 55 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 |
|---|---|
| Exhaustion during Labor | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| 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: Thomas F. Callaan (M. D. or other)
Address: Deputy Coroner Date signed 4-17-43

(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 J. Lee Mothershead

Licensed Embalmer No. 3531

P. O. Address Desoto 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.**