

FILED NOV 29 1943 18

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 4 days
In this community 30 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Earl Stroud

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 20, 1884
(Month) (Day) (Year)

8. AGE: Years 59 Months 7 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation Coal Dealer

11. Industry or business

12. Name Robert Stroud

13. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name Izora Rowde

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Shirley M. Smith

(b) Address 2601 N. Whittier

17. (a) Burial (b) Date thereof Nov 27 1943
(Burial, cremation, or removal) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director C. W. Roberts
(b) Address 3035 Lucas

19. (a) NOV 17 1943 (b) J. F. Budick
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 18 No. Ewing
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4
year 1943 hour 8 minute 00 P. M.

21. I hereby certify that I attended the deceased from September 30, 1943 to November 4, 1943
that I last saw him alive on Nov 4, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease
Duration Unk.

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature S. E. Smith (M. D. or other)
Address 2601 Whittier Date signed 11/10/43

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

MOTHER FATHER

Not embalmed
reclaimed from Anatomical Board
STATEMENT BY LICENSED EMBALMER
11/16/43

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.....

..... Licensed Embalmer No.....

..... P. O. Address.....

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.