

FILED JUL 8 1944

Registration District No. **1818**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2118 Victor St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community 18 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 2118 Victor St. (If rural, give location) 239
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME HATTIE MAY STROUP

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

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

6. (b) Name of husband or wife James H. 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov. 8th 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>7</u>	<u>24</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business At Home

12. Name James Hughes

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

14. Maiden name Anna Paully

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

16. (a) Informant Roy Stroup

(b) Address U. S. Navy

17. (a) Motor (Burial, cremation, or removal) (b) Date thereof 7/4/44
(Month) (Day) (Year)

(c) Place: burial or cremation Williamsville, Mo.

18. (a) Signature of funeral director A. E. McLaughlin

(b) Address 2301 Lafayette Ave.

19. (a) JUL 3 1944 (b) J. F. Beedeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd year 1944 hour 3 minute 20 a. m.

21. I hereby certify that I attended the deceased from Nov. 13 - 1936 to 24th June 1944
that I last saw h. e. alive on 24th of June 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of sex organs with metastasis to abdominal organs
Duration 8y

Due to Primary site

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations H

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 0

23. Signature B. H. Kulkner (M. D. or other) Address 3124 51 grand Date signed 7/13/44

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

NOV 2 1953

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.....

L. R. Crozier

Licensed Embalmer No.....

3633

P. O. Address.....

2317 Lafayette

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.