V. S. No. 2
00M—5-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26612

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7415

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4600a Natural Bridge Ave.
(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 Missouri (b) County 000 17 10
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 4600a Natural Bridge Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Frank H. Stroot

3. (b) If veteran, name war No

3. (c) Social Security No. 492-05-7862

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eleanor Beichel Stroot

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased December (Month) 23 (Day) 1886 (Year)

8. AGE: Years 57 Months 8 Days 1 If less than one day hr. min.

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

10. Usual occupation Funeral Director

11. Industry or business

FATHER
12. Name Anton Stroot
13. Birthplace Aviston (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Christine Sudholt
15. Birthplace Aviston (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Eleanor Stroot
(b) Address 4600a Natural Bridge Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/ /44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Stroot-Carroll
(b) Address 4600 Natural Bridge Ave.

19. (a) AUG 26 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 24
year 1944 hour 11 minute P M.

21. I hereby certify that I attended the deceased from Aug 6, 1944 to Aug 24, 1944
that I last saw him alive on Aug 23, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion (chronic myocarditis) — Duration not known

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

93

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 [signature] (M. D. or other) M.D.
Address 705 Olive St. Louis Date signed 8/25/44

(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 Sheldon Collier

Licensed Embalmer No. 3382.

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.