S. No. 2
M—2-43
v. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24873

State File No.

FILED AUG 10 1945

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 96

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. State Hospital No. 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 yrs. 5 mos. 25 das.
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 94

(c) City or town St. Louis 0
(If outside city or town limits, write "RURAL")

(d) Street No. 333 N. Euclid 0
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME SUZANNA (NORTHROP) STRIBLING

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Female 1

5. Color or race W.

6. (a) Single, widowed, married, divorced Divorced 2

6. (b) Name of husband or wife William Stribling

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

7. Birth date of deceased July (Month) 24 (Day) 1891 (Year)

8. AGE: Years 53 Months 11 Days 18 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Owner of dress shop

11. Industry or business

FATHER
12. Name Reid Northrop
13. Birthplace New York (City, town, or county) New York 1 (State or foreign country)

MOTHER
14. Maiden name Mary Sells
15. Birthplace Muscatine (City, town, or county) Iowa 1 (State or foreign country)

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-14-45 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Wagoner Mortuary
(b) Address 4161 Lindell, St. Louis, Missouri

19. (a) 7/26/45 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 year 1945 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from January 17, 1938, to July 12, 1945, that I last saw her alive on July 12, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	5 yrs
Due to	
Due to	
Other conditions: Psychosis (Include pregnancy within 6 months of death)	10 yrs

Major findings:
Of operations
Of autopsy No 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 [signature] (M. D. or other)
Address Farmington Mo. Date signed 7/12/45

1397 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 845-959

Date Filed 8-9-45

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 Bert J. Miller

Licensed Embalmer No. 3752

P. O. Address Farmington, 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.