

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 27 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19773
Registrar's No. 1045

Registration District No. 317 Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution since 4-23-47
In this community 5 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County St. Clair
(c) City or town Belleville
(If outside city or town limits, write "RURAL")
(d) Street No. North 60th Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME STROUD, Lovilo M.
3. (b) If veteran, name war Span-American 3. (c) Social Security No. none

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased April 20 1877
(Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 1 If less than one day 3 55
hr. min.

9. Birthplace Calamus, Iowa
(City, town, or county) (State or foreign country)
10. Usual occupation Trainman

11. Industry or business _____
12. Name Chester W. Stroud
13. Birthplace Strawberry Point, Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Hattie Dickinson
15. Birthplace Calamus, Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Registrar, Vet. Adm. Hospital
(b) Address Jefferson Barracks, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23, 1947
(Month) (Day) (Year)
(c) Place: burial or cremation WALNUT HILL

18. (a) Signature of funeral director GUNDLACH & CO. FUNERAL
(b) Address BELLEVILLE, ILLINOIS HOME
19. (a) JE 24-47 (Date received local registrar) (b) Carl A. Stroud (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 21
year 1947 hour 3:55 minute A. M.

21. I hereby certify that I attended the deceased from 4-23-47, 19____, to 5-21-47, 19____;
that I last saw h im alive on 5-21-47, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death AURICULAR FIBRILLATION AND EMBOLISM OF LEFT MIDDLE CEREBRAL ARTERY AND INFARCTION OF BRAIN.
Due to 83a

Due to CEREBRAL VASCULAR ACCIDENT. GENERAL
Other conditions SENILITY.
(Include pregnancy within 3 months of death)

Major findings: No operations
Of operations _____
Of autopsy Autopsy performed (see cause of death)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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 L.E. Kasper (M. D. or other) _____
Address Vet. Adm. Hosp., Jeff. Bks., Mo. Date signed 5-21-47

Duration
UNK.
UNK.
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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.....

Edgar C. Baldus
.....
Licensed Embalmer No. *2846*
P. O. Address..... *Belleville, Ill*

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.