

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6730

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **100** Registrar's No. **1528**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St. Louis		a. STATE Missouri b. COUNTY St. Louis	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Rock Hill Groves Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Frisco Hospital		d. STREET ADDRESS (If rural, give location) 322 Eldridge	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Roy	b. (Middle) F	c. (Last) Stroup	Feb 17 1949		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 4, 1890		9. AGE (In years last birthday) 58
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Yardmaster		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (State or foreign country) Cape County Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Samual Stroup	13b. MOTHER'S MAIDEN NAME Columbia Brooks	14. NAME OF HUSBAND OR WIFE Irene Stroup
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Irene Stroup ADDRESS 322 Eldridge

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		1 Day
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arteriosclerosis - Known Symptomatic	
		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Acute Pulmonary Edema	2 hours
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION WDD		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb. 12, 1949**, to **Feb. 17, 1949**, that I last saw the deceased alive on **Feb. 17, 1949**, and that death occurred at **2:40 A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Norman Miller MD	23b. ADDRESS 3610-16 S. Broadway	23c. DATE SIGNED 2-17-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 19, 1949	24c. NAME OF CEMETERY OR CREMATORY Laurel Hills
DATE REC'D BY LOCAL REG. FEB 17 1949		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.
REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE Jay B. Smith ADDRESS 7156 Manchester

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

M.R.

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

J.P. Burgess

Licensed Embalmer No. _____

4029

P. O. Address _____

Maplewood

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.