

FILED JUN 3 1950

STANDARD CERTIFICATE OF DEATH

18697

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>4604</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>6439 Sharp</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis,</u>		a. STATE <u>Missouri,</u>		b. COUNTY _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6939 Sharp Ave.,</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis,</u>		d. STREET ADDRESS (If rural, give location) <u>6939 Sharp Ave.,</u>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH		5. SEX		6. COLOR OR RACE	
a. (First) <u>William</u>		b. (Middle) _____		c. (Last) <u>Stroot,</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married,</u>	
8. DATE OF BIRTH <u>January 2, 1858</u>		9. AGE (In years last birthday) <u>92</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Gardner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired 5 Years</u>	
11. BIRTHPLACE (State or foreign country) <u>Germany,</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME _____		13b. MOTHER'S MAIDEN NAME _____	
14. NAME OF HUSBAND OR WIFE <u>Mary Stroot,</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Stroot,</u>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				ADDRESS <u>6939 Sharp Ave.,</u>	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brunch, Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 day</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				DUE TO (b) <u>Fracture left hip</u>	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____	
		II. OTHER SIGNIFICANT CONDITIONS				000 <u>Dr. R. J. ...</u>	
		Conditions contributing to the death but not related to the disease or condition causing death.				Report 5/29/50	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>St. Louis</u>		(COUNTY) _____ (STATE) <u>Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4-11-50 - m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fall at home</u>			
22. I hereby certify that I attended the deceased from <u>1949</u> , to <u>5/22, 1950</u> , that I last saw the deceased alive on <u>5/22/50</u> , and that death occurred at <u>11:27 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. B. Sasater M.D.</u>				23b. ADDRESS <u>5600 S Compton</u>		23c. DATE SIGNED <u>5/23/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 25, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SS. Peter & Paul Cemetery, St. Louis, Mo.</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>MAY 24 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Sasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gebken-Benz Mortuary,</u>		ADDRESS <u>2842 Meramec St.,</u>	

(Licensed Embalmer's Statement on Reverse Side)

St. Louis, 18, Mo.

WRITE PLAINLY—USING 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 me

working under my personal supervision.

Student Embalmer No.....

Signed

Loren E. Percy

Signed.....
Student Embalmer

Licensed Embalmer No. 4094

2842 Meramec St.,

P. O. Address St. Louis, 18, 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.