

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 5 1950

State File No. 22055
5525 Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence - 6232 McPherson		c. CITY (If outside corporate limits, write RURAL and give township) TOWN St. Louis 2059	
		d. STREET ADDRESS (If rural, give location) 6232 McPherson	

3. NAME OF DECEASED (Type or Print) a. (First) C. b. (Middle) Malone c. (Last) Stroud			4. DATE OF DEATH (Month) (Day) (Year) June 24, 1950		
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 26, 1903	9. AGE (In years last birthday) 46	10. IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Simpson County, Mississippi	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Dr. W. F. Stroud		13b. MOTHER'S MAIDEN NAME L. Ola Royal		14. NAME OF HUSBAND OR WIFE Frances Elizabeth	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Frances Drie meyer 8104 Titus Rd	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shot gun wound of heart INTERVAL BETWEEN ONSET AND DEATH supplied when shot with shot gun that was accidentally discharged in room of home at 6:00 McPherson Rd		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. at 4:15 am June 24 1950		DUCE TO (b)		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 24 50 4:15 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E 919 D	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **4:30 A m.**, from the causes and on the date stated above. **19**

23a. SIGNATURE (Degree or title) Patrick E Taylor, Cremator		23b. ADDRESS 1500 Clark		23c. DATE SIGNED 6.26.50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial #1		24b. DATE June 26, 1950		24c. NAME OF CEMETERY OR CREMATORY L. aurel Hill Gardens	
				24d. LOCATION (City, town, or county) (State) St. Louis County	
DATE REC'D BY LOCAL REG. JUN 26 1950		REGISTRAR'S SIGNATURE J. B. Parake		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gleason & Sons 6175 Delmar	

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Jos. E. McCulloch*

Licensed Embalmer No. *2460*

P. O. Address *6170 Pellme*

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.