

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6733**
Registrar's No. **1183**

FILED FEB 16 1951

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1905		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 14 hrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Birmingham Ala.		2010	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri Baptist				d. STREET ADDRESS (If rural, give location) #4 Van Toni Dr.			
3. NAME OF DECEASED (Type or Print) MARGARET G. TROUPE			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) Feb. 6, 1951	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 24, 1888	
9. AGE (In years last birthday) 62 yrs		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Baltimore Md. 0		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Stewart George			13b. MOTHER'S MAIDEN NAME Katherine Baker		14. NAME OF HUSBAND OR WIFE Merril H. Troupe		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS M. H. Troupe Arcade Bldg			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
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.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331X			
22. I hereby certify that I attended the deceased from Feb 5 , 19 51 , to Feb 6 , 19 51 , that I last saw the deceased alive on Feb 5 , 19 51 , and that death occurred at 7:30 am , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Joseph E. Conroy				23b. ADDRESS 90 Bolivar St.		23c. DATE SIGNED 2-6-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Feb. 7, 1951		24c. NAME OF CEMETERY OR CREMATORY Friends Cem.		24d. LOCATION (City, town, or county) (State) Baltimore Md.	
DATE RECEIVED BY LOCAL REG. FEB 6		REGISTRAR'S SIGNATURE J. B. Casata			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alfander & Sons 6175 Delmar		

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

2009
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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.....

Jos. E. McCulloch

Signed.....
Student Embalmer

Licensed Embalmer No. *2460*

P. O. Address *6175 Pellman*

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.