

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7760

State File No. _____

FILED FEB 26 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1519

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES</u>	
c. LENGTH OF STAY (In this place) <u>4 WKS</u>		d. STREET ADDRESS (If rural, give location) <u>812 PROVIDENCE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MO. BAPTIST HOSP</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>DAISY</u> b. (Middle) <u>STROM</u> c. (Last) <u>McLEOD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 7-1953</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>9-28-1876</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 MIN. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>LAKE CITY MINN</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>GUSTAF STROM</u>		13b. MOTHER'S MAIDEN NAME <u>MATILDA BJORK</u>		14. NAME OF HUSBAND OR WIFE <u>P.A. McLEOD</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>P.A. McLeod - 812 Providence</u>	

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) <u>Coronary Disease - g.i.</u> ANTECEDENT CAUSES <u>High Cholesterol - Inter. Sub. Fracture</u> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Fracture of Femur</u> DUE TO (c) <u>Fracture of Femur</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Chronic Asthma Chronic Myocardial Infarction</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>1-8-53</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Ununited High Shaft - Inter. Sub. Fracture Fr. Femur</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SOURCE - 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) (COUNTY) (STATE) <u>Webster Groves St. Louis Missouri</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 8 1953 8 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell in yard at home</u> E. 9030		

22. I hereby certify that I attended the deceased from 1-8-53 to 1-7-53, that I last saw the deceased alive on 1-7-53 at 8 A.M., and that death occurred at 8 A.M., from the causes and on the date stated above. 20

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>845 Missouri Trust Bldg. St. Louis Mo</u>		23c. DATE SIGNED <u>1-9-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>2-10-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LAKE CHARLES</u>	
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		24f. ADDRESS <u>Webster Groves Mo</u>	

DATE REC'D BY LOCAL REG. <u>FEB 9 1953</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Webster Groves Mo</u>	
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Holston Springs

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.