

FILED NOV 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38206
STATE FILE NUMBER
9919

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

S. 300
7. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital		d. STREET ADDRESS 411 St. George	
3. NAME OF DECEASED (Type or print) First MAUDE Middle Last STROUD		4. DATE OF DEATH Month 10 Day 22 Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-30-1886
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9b. KIND OF BUSINESS OR INDUSTRY Own Home	9c. BIRTHPLACE (City and state or country) Tennessee
10. FATHER'S NAME William Roberts		11. MOTHER'S MAIDEN NAME Cynthia	
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		13. SOCIAL SECURITY NO. 486-16-6376	
14. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Diabetic Coma</i> DUE TO (b) <i>Acute Gastritis</i> DUE TO (c) <i>260x</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		15. INTERVAL BETWEEN ONSET AND DEATH	
16a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		16b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
17c. TIME OF INJURY Hour a. m. p. m.		17d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
17e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		17f. CITY, TOWN, OR LOCATION COUNTY STATE	
18. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ 900A _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
19a. SIGNATURE <i>Thomas E. Taylor</i>		19b. ADDRESS 1300 Olive	
19c. DATE SIGNED 10/25/57		19d. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	
19e. BURIAL, CREMATION, REMOVAL (Specify) Removal		19f. LOCATION (City, town, or county) (State) St. Louis Co., Missouri	
20. FUNERAL DIRECTOR ADDRESS McLAUGHLIN'S, 2301 Lafayette		21. DATE RECD. BY LOCAL REG. OCT 23 57	
22. REGISTRAR'S SIGNATURE <i>Earl Smith MD</i>		23. REGISTRAR'S SIGNATURE <i>mfb</i>	

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
Signature of Student Embalmer

Signed *A. G. Farris*

Licensed Embalmer No. *33*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.