

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

2207-61-011649

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

AMENDED FILED MAR 23 1981

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>Kirkwood</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>D.O.A. City Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>9751 Big Bend</b>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>ROY S. STROUP</b>			4. DATE OF DEATH Month Day Year <b>March 6, 1961</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-22-00</b>	9. AGE (last birthday) <b>60</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Proprietor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General Store</b>	11. BIRTHPLACE (City and state or country) <b>Ellery, Illinois</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	

13a. FATHER'S NAME <b>Bert Stroup</b>	13b. MOTHER'S MAIDEN NAME <b>Rebecca Johnson</b>	14. NAME OF HUSBAND OR WIFE <b>Not Available</b>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W. W. I</b>	16. SOCIAL SECURITY NO. <b>Not Available</b>	17. INFORMANT <b>Mrs. Roy Stroup - Kirkwood, Mo.</b>
--	---	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>		
DUE TO (b) <b>Coronary Sclerosis</b>		
DUE TO (c) <b>4201</b>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
---	--	--	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
---	---	--

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
---	--	--	---

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Joseph M. Quinn Deputy Coroner</i>	22b. ADDRESS <b>1300 Clark</b>	22c. DATE SIGNED <b>3-6-61</b>
---	-----------------------------------	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3/10/61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Graceland, Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Albion, Illinois</b>
--	-----------------------------	--	--

24. FUNERAL DIRECTOR <i>Ed. St. Louis</i>	ADDRESS <b>E. St. Louis, Ill.</b>	25. DATE RECD. BY LOCAL REG. <b>MAR 6 1981</b>	26. REGULAR'S SIGNATURE <i>Keat Smith, M.D.</i>
--	--------------------------------------	---	--

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

MAR 23 1961

**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 Max Embelund, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed H. W. Duckworth

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.