

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

29672

1. PLACE OF DEATH

County Registration District No. 797
 Township Primary Registration District No. 1003
 City St. Louis (No. Christian Hosp.) St. Ward)

File No. 8861
 Registered No. 8861

2. FULL NAME Ruth Trotter
 (a) Residence. No. 433 N 80th St. St. 9 Ward. East St. Louis Ill.
 (Usual place of abode) (If nonresident, give city, town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED—HUSBAND OF (OR) WIFE OF John Trotter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 22 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 8 7

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

10. NAME OF FATHER Dont know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dont know

12. MAIDEN NAME OF MOTHER Dont know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dont know

14. INFORMANT Mr. John Trotter
 (Address) East St. Louis Ill.

15. FILED 19 1929 My C. P. Miller REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 29 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1929, to Aug 29, 1929, that I last saw her alive on Aug 29, 1929, and that death occurred, on the date stated above, at 3 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Nephritis, Chronic
 (duration) ? yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Nephritis Chronic
 (duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED Christian Hospital
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) W. B. Cappel, M. D.
 , 19 (Address) 3239 Franklin

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Valhalla Cemetery **DATE OF BURIAL** 8-31 1929

20. UNDERTAKER Geo L. Cletch ADDRESS 5966 Easton

