

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

Do not use this space.

3506

1. PLACE OF DEATH

County St. Louis Registration District No. 1160
 Township Central Primary Registration District No. 4770
 City University City, 6532 Chamberlian Ave. (Ward) 7

2. FULL NAME

Genfrey C. Trill
 (a) Residence, No. 6532 Chamberlian Ave. Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 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 Male 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 Eugenia Trill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27 - 1889

7. AGE YEARS 44 MONTHS 10 DAYS 19 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. E. L. & P. Co.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

13. NAME Patrick Trill

14. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY)

15. MAIDEN NAME Bridget McDevitt

16. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Miss Eugenia Trill 6532 Chamberlian Ave

18. BURIAL, CREMATION OR REMOVAL Cemetery DATE Jan. 17, 1934

19. UNDERTAKER (ADDRESS) Geo. W. Clark 1125 Madison Ave

20. FILED Jan 16, 1934 Lena D. Mueller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 15, 1934

22. I HEREBY CERTIFY That I attended deceased from Nov. 14, 1932 to Jan. 15, 1934
 I last saw him alive on Jan. 14, 1934. Death is said to have occurred on the date stated above, at 6:00 a.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Intestinal Stenosis
 Date of onset 10/15/32

Other contributory causes of importance: 131

Name of operation 131 Date of 131
 What test confirmed diagnosis? 131 Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 131 Date of injury 1934

Where did injury occur? 131 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 131
 Nature of injury 131

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify

(Signed) Robert Wickers, M. D.
 (Address) 955 Grand St. St. Louis Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

EB 27 1934

Dr. H. E. Stalson
Armed Body,
25th Precinct

Johnson
was a member of