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.

AUG 13 1934

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 27211

Township ..... Primary Registration District No. 1003 Registered No. 7449

City St Louis (No. 2013, Alice Ave St. ..... Ward)

2. FULL NAME William A Trost (TROST)

(a) Residence, No. 2013 Alice Ave St., 9 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: Anna Marie Trost

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 26th 1853

7. AGE: YEARS 81 MONTHS 1 DAYS 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Tinner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

FATHER

13. NAME: Dotfred Trost
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Wilmenia Holbergh
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Frank Scheffer 2013 Alice Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary DATE: July 26th 1934

19. UNDERTAKER (ADDRESS): Stroot & Carroll 4600 Natural Bridge Ave

20. FILED JUL 25 1934 J. F. Biedeck Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 23rd, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1934 to July 23, 1934

I last saw her alive on July 22, 1934. Death is said to have occurred on the date stated above, at 12 40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat Prostration	
Senility	
162	
191	30

Other contributory causes of importance:

191

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury —, 19....

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

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

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) L. L. Walker M.D., M. D.

(Address) 4425 Nat Bridge

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