

REC'D OCT 12 1938

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

31123
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1008**
 (c) City **St. Louis.** (d) Street No. **3416 Klocke** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Ignatius Trost**

(a) Residence, No. **3416 Klocke St.** St. **65** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 **Josephine Trost**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 30, 1878.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
60 1 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Carpenter**
 9. Industry or business in which work was done, as 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) **Austria.**

FATHER 13. NAME **Dont Know.**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dont Know.**

MOTHER 15. MAIDEN NAME **Dont Know.**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dont Know.**

17. INFORMANT **Josephine Trost**
 (ADDRESS) **3416 Klocke St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **SS. Peter & Paul** DATE **Oct. 3, 1938.**

19. FUNERAL DIRECTOR (NAME) **J. H. Gebken & Co.**
 (ADDRESS) **2842 Keramec St.**

20. FILED **SEP 30 1938** **J. Brede** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 29, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Jan. 10, 1937, to Sept. 29, 1938**
 I last saw him alive on **Sept. 29, 1938**. Death is said to have occurred on the date stated above, at **2:45 A. M.**
 The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis Date of onset **1937**

Other contributory causes of importance:

Name of operation **no** Date of
 What test confirmed diagnosis? **Ch. Findings** Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? 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 **Frank J. Schwarz** M. D.
 (Signed) **Frank J. Schwarz**
 (Address) **7800 Persimmon St.**

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

Herman A. Gebken

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Herman A. Gebken

Licensed Embalmer No. 2120.

P. O. Address 2842 Meramec St.
St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING; (Failure to do so with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.