DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34104

OCD NOV 13 1939 791

Registration District No. 1003

Primary Registration District No.

Registrar's No. 8642

1. PLACE OF DEATH:

(a) County 1

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BETHESDA HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1

(c) City or town Cape Girardeau NR
(If outside city or town limits, write "RURAL")

(d) Street No. 228 Fountain
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME BABY BOY TROVILLION, 614

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased OCT (Month) 9 (Day) 1939 (Year)

8. AGE: Years | Months | Days | If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name VIVAN TROVILLION
13. Birthplace CAPE GIRARDEAU (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name ETOLA MAE HINCHCLIFF
15. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

16. (a) Informant's own signature Vivan Trovillion

(b) Address 228 N Fountain Cape Gr. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/10/39 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) OCT 10 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~Oct~~ Stillborn day ~~10~~ 9th year ~~1939~~ hour 7 minute 25A M.

21. I hereby certify that I attended the deceased from at birth 10-9-, 1939, to , 19 ;
that I last saw ~~him alive on~~ stillborn , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Stillborn	
Due to Prolapse of umbilical cord during labor.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature R H Williams (M. D. ~~or other~~) 1

Address 1301 Big Bend Date signed 10-9-39

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Florenz Eynck

Licensed Embalmer No. 1284

P. O. Address St Louis Mo

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