

2-3-40
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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39682

1940
Registrar District No. 704

Primary Registration District No. 101

Registrar's No. 2103

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)
In this community 10 years

3. (a) PRINT FULL NAME Jewel Trotter
3. (b) If veteran, name war ? 3. (c) Social Security No. ?

4. Sex female 5. Color or race colored 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Henry Trotter 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased July 27 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 3 8 hr. min.

9. Birthplace Springfield Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business 0

12. Name Stephen Williams

13. Birthplace Unknown Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Pierce

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Trotter

(b) Address 19 Tuttle Kinloch

17. (a) Burial (b) Date thereof 11-9-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Boyd Bros Funeral

(b) Address 614 S. St. Louis

19. (a) NOV 8 1940 (b) R. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town S. Kinloch
(If outside city or town limits, write "RURAL")
(d) Street No. 19 Tuttle
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4
year 1940 hour 11 minute 50 A. M.

21. I hereby certify that I attended the deceased from 11-1-40
11-4-40, 1940, to 11-4-40, 1940;
that I last saw her alive on 11-4-40, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive cardiovascular
Heart Disease with Decompensation
+ complete failure

Due to Essential Hypertension years

Due to 95/2

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration
years
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?

While at work? (Specify type of place) (e) Means of injury

23. Signature C. H. [unclear] (M. D. or other)

Address C. H. [unclear] Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

REC'D

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.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.