

No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **29449**

REGISTRATION DISTRICT NO. **784**

Primary Registration District No. **200**

Registrar's No. **1697**

1. PLACE OF DEATH:

(a) County **St. Louis County**

(b) City or town **Jefferson Barracks**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **Admitted 1/18/41**
(Specify whether years, months or days)

In this community **Unknown**

3. (c) PRINT FULL NAME **Russell E. Trowbridge**

3. (b) If veteran, name war **World war**

3. (c) Social Security No. **498-03-9446**

4. Sex **Male**

5. Color or race **White**

6. (e) Single, widowed, married, divorced / **Married**

6. (b) Name of husband or wife **Naomi**

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

7. Birth date of deceased **October 26, 1896**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
44	9	12	hr. min.

9. Birthplace **Wellsville, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Cafeteria Operator**

11. Industry or business **FISCHER BODY**

MOTHER FATHER

12. Name **Charles R. Trowbridge**

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

14. Maiden name **Emma Oaks**

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

16. (a) Informant **M. Schilling**

(b) Address **Clinical Clerk, VAF, Jeff. Bk., Mo.**

17. (a) **BURIAL** (b) Date thereof **Aug 10 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **WELLSVILLE Mo.**

18. (a) Signature of funeral director **W. B. ...**

(b) Address **1926 St. Louis Ave.**

19. (a) **AUG 11 1941** (Date received local registrar)

E. J. Mc ... (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **3545 Marcus Street**
(If rural, give location)

(e) Citizen of foreign country? **-** (Yes or No)

If yes, name country **-**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **8th**, year **1941** hour **1:55** minute **a.** M.

21. I hereby certify that I attended the deceased from **January 18, 1941** to **August 8, 1941**; that I last saw him alive on **August 8, 1941** and that death occurred on the date and hour stated above.

Immediate cause of death **Progressive spinal muscular atrophy.**

Duration **Unknown.**

Due to **-**

Due to **-** *87-11*

Other conditions **None.**
(Include pregnancy within 3 months of death)

Major findings: Of operations **None.**

Of autopsy **No autopsy. Not granted.**

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) **no**

(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? **Refused** (Specify type of place) (e) Means of injury

23. Signature **R. W. GOOD, M.D.** (M. D. or other)

Address **Acting Chief Medical Officer, 8/8/41.**

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

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.....
[Handwritten Signature]

Licensed Embalmer No. *3737*

P. O. Address *1936 St. Louis*

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, fact should be so stated above.