

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11558

State File No.

Registrar's No.

698

LED APR 15 1943

Registration District No. *784*

Primary Registration District No. *101*

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:
7635 Westmoreland.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks.
(Specify whether
In this community 4 weeks.
years, months or days)

3. (a) PRINT FULL NAME MARTHA ELLEN TROUTMAN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Wid.

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

7. Birth date of deceased Nov, 29 1867.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 13 12 hr. min.

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

10. Usual occupation Nil

11. Industry or business _____

12. Name ? Webb,

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

14. Maiden name Martha Barrow

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

16. (a) Informant Mrs. Chas. E. Reader,

(b) Address 7635 Westmoreland.

17. (a) burial (b) Date thereof 3/24/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemty.

18. (a) Signature of funeral director Louis H. Bopp, Inc.

(b) Address Kinkwood Mo.

19. (a) MAR 24 1943 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas. (b) County [Signature]
(c) City or town San Angelo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1943 hour 11:30 minute A. M.

21. I hereby certify that I attended the deceased from March 10 1943 to March 21 1943
that I last saw her alive on March 21 1943
and that death occurred on the date and hour stated above.

Immediate cause of death [Signature]

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations [Signature]

Of autopsy _____

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 [Signature] (M. D. or other) M.D.

Address 1194 North Street Date signed 3-22-43

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 John M Meyer
Licensed Embalmer No. 3588
P. O. Address Wichita, 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, fact should be so stated above.