.S. No. 2
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v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 31 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4510

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. 183

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

1. PLACE OF DEATH:
(a) County ST LOUIS
(b) City or town RICHMOND HTS MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST MARYS HOSP
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 DAYS (Specify whether
In this community 10 DAYS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MICH (b) County WAYNE CITY
(c) City or town DETROIT 999
(If outside city or town limits, write "RURAL")
(d) Street No. 16725 BLACKSTONE AVE 20
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME LEON OLIVER TRUITT
3. (b) If veteran, name war YES WORLD WAR I
3. (c) Social Security No UNKNOWN
4. Sex MALE
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of ~~husband~~ or wife JEAN E TRUITT
6. (c) Age of ~~husband~~ or wife if alive 50 years
7. Birth date of deceased MAR (Month) 20 (Day) 1893 (Year)

8. AGE: Years 50 Months 10 Days 2 If less than one day 3 hr. 15 min.

9. Birthplace BATTLE CREEK MICH (City, town, or county) (State or foreign country)
10. Usual occupation COML ARTIST
11. Industry or business ARTIST STUDIO
FATHER
12. Name GEORGE HY TRUITT
13. Birthplace EDWARDSBERG MICH (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name LOUISE BEAUREGARD
15. Birthplace BATTLE CREEK MICH (City, town, or county) (State or foreign country)
16. (a) Informant Jean E Truitt
(b) Address 16725 Blackstone
17. (a) ~~BURIAL~~ Removal (Burial, cremation, or removal) (b) Date thereof JAN 26-1944 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ DETROIT MICH
18. (a) Signature of funeral director Watson Bocklage
(b) Address 6536 Clayton Rd
19. (a) JAN 24 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23 year 1944 hour 3 minute 05 A.M.
21. I hereby certify that I attended the deceased from Jan 13, 1944 to Jan 23, 1944 that I last saw him alive on Jan. 23, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Rt. Sided Heart Failure Hypostatic Pneumonia	2 days
Due to Post Operative Conditions	6 days
Due to Excision pre-motor cortex.	
Other conditions Paralysis Agitans (Include pregnancy within 3 months of death)	5 yrs.

Major findings:
Of operations 87C
Of autopsy Rt Sided Heart Failure Pneumonia

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 0
23. Signature Doris S Woolsey (M. D. or other) M.D.
Address 495 Maryland Ave. Date signed 1-23-44

(Licensed Embalmer's Statement on Reverse Side)

FEB 10 194

NOV 21 1952

MAY 16 1945

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 Ogonoski

Licensed Embalmer No. 3398

P. O. Address.....

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.