

P. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 16 1945

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4916

State File No. ....

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 887

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: City Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 73 1/2 Days (Specify whether)

In this community 50 years (years, months or days)

3. (a) PRINT FULL NAME Mrs. Bessie Trogdon

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female, 5. Color or race white

6. (a) Single, widowed, married, divorced, widowed 2

6. (b) Name of husband or wife late Wm. Trogdon

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

7. Birth date of deceased April 22 1888 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	56	9	2	hr. min.

9. Birthplace Okla 1 (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business Leasch

12. Name unknown

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

14. Maiden name Dora Leasch

15. Birthplace unknown 29 (City, town, or county) (State or foreign country)

16. (a) Informant William Trogdon

(b) Address 3952 Lexington Ave.

17. (a) Burial (Burial, cremation, or removal) Memorial Park Cem (b) Date thereof 1-30-45 (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2225 St. Louis Ave.

19. (a) JAN 29 1945 (Date received local registrar) (b) J. J. Budeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 15

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

(d) Street No. 2514 N. 9th. St. 26 (If rural, give location)

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

If yes, name country. A

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24th year 1945 hour 6:00 PM minute M.

21. I hereby certify that I attended the deceased since 1931, 19 to 1-23-45, 19 that I last saw her alive on 1-23-45, 19 and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure

Due to Arteriosclerotic heart disease

Due to

Other conditions Diabetes mellitus (Include pregnancy within 3 months of death)

Major findings: Of operations

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 F. R. Bradley (M. D. or other)

Address 600 South Kingshighway Date signed 1/25/45

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

1000  
17  
9

MOTHER, FATHER

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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 P. Buckholz* .....

Licensed Embalmer No..... *1694* .....

P. O. Address..... *223 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.**