

S. No. 2  
OM-5-43  
v. 5-17-39  
I X38971

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25805**

**FILED** JUL 22 1946  
318

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **6155**

1. PLACE OF DEATH:

(a) County.....  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
2730 N. Euclid Ave.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether

In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo...... (b) County.....  
 (c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2730 N. Euclid Ave.  
(If rural, give location)  
 (e) Citizen of foreign country?.....  
(Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Josephine Troxler  
 3. (b) If veteran, name war.....  
 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10  
 year 1946 hour 7 minute 10 A.M.  
 21. I hereby certify that I attended the deceased from June 14  
 1946, to July 10 1946.  
 that I last saw h. er alive on July 10 1946.  
 and that death occurred on the date and hour stated above.

4. Sex female! 5. Color or race white  
 6. (a) Single, widowed, married, divorced, divorced  
 6. (b) Name of husband or wife Edward Troxler  
 6. (c) Age of husband or wife if alive 70 years  
 7. Birth date of deceased: Apr. 17 1879  
(Month) (Day) (Year)

Immediate cause of death Hepatitis  
Haemolytic jaundice  
 Due to Diabetes mellitus  
 Due to.....  
 Other conditions 61  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
67 2 23 hr. min.

Major findings:  
 Of operations.....  
 Of autopsy..... No

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

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?.....

MOTHER FATHER  
 11. Industry or business.....  
 12. Name A. T. Erwin  
 13. Birthplace Ky.  
(City, town, or county) (State or foreign country)  
 14. Maiden name America Louis  
 15. Birthplace Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Edna Erwin  
 (b) Address 2730 N. Euclid Ave.  
 17. (a) Burial (b) Date thereof: 7-12-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation St. Peters Cemetery

23. Signature Geo. B. Kirgaw (M. D. or other) M.D.  
 Address 3442 Euclid Ave. Date signed 7/11/46  
(Specify type of place) (c) Means of injury

18. (a) Signature of funeral director Drehmann-Harral  
 (b) Address JUL 1905 Union Blvd.  
 19. (a) JUL 12 1946 (b) J. J. Budeck  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

24654

Dr. Kroeger, (Ev. 2054)  
3442 Geraldine Ave.

2 to 4

**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 Albert R. Thompson Jr  
Licensed Embalmer No. 4237  
P. O. Address 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.**