No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 4 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 29600

Registrar's No. 8105

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

1. PLACE OF DEATH:

(a) County ST. Louis. Mo.

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

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

(d) Length of stay: In hospital or institution 7-29-47 to 8-25-47 (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 4212 Athlone Ave. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Nellie Victoria Troll

3. (b) If veteran, name war - - - - - -

3. (c) Social Security No. - - - - - -

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Reynold G. Troll

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

7. Birth date of deceased March (Month) 6 (Day) 1861 (Year)

8. AGE: Years 86 Months 5 Days 19 If less than one day hr. min.

9. Birthplace ST. Louis, (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name John Ryan
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Helen Meagher
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant City Infirmary Records
(b) Address 5800 Arsenal ST.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/28/47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot - Carroll
(b) Address 4600 Natural Bridge Ave

19. (a) AUG 26 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 25 year 1947 hour 10 minute 20 A M.

21. I hereby certify that I attended the deceased from 7-29 1947 to 8-25 1947 that I last saw her alive on 8-25 1947 and that death occurred on the date and hour stated above.

Immediate cause of death generalized arteriosclerosis

Due to

Due to senility

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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

23. Signature W. P. Shorner (M.D. or other)

Address 5600 Arsenal St. Date signed 8-25-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Mayfield

Licensed Embalmer No. 3077

P. O. Address St Louis 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.