

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **40265**
Registrar's No. **10300**

Registration District No. **19478**

Primary Registration District No. **1003**

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

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: **Lutheran Hospital**
(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)

3. (a) PRINT FULL NAME **Harry R. Trott**

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

3. (c) Social Security No.

4. Sex **male** 5. Color or race **white**

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

6. (b) Name of husband or wife..... **Ida** 6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased **January 20th, 1872**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	9	16	hr. min.

9. Birthplace **Tell City Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Watchman**

11. Industry or business **St. L. S.F. Ry.**

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Harry Trott**
(b) Address **4044 Russell, St. Louis, Mo.**

17. (a) Burial (b) Date thereof **11/10/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus Cemetery**

18. (a) Signature of funeral director **Wacker-Heldule U. & Co.**
(b) Address **3634 Gravois St. Louis, Mo.**

19. **NOV 7 1947** (Date received local registrar) (b) **J. Bredeck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **OU**

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

(d) Street No. **4044a Russell Blvd.**
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **6th**
year **1947** hour **10** minute **10 A.** M.

21. I hereby certify that I attended the deceased from **2-11-47**
19....., to **11-6-** 19**47**
that I last saw h.i.m. alive on **11-6-47**, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral edema**
Duration **unk**

Due to **Cerebral sclerosis**
Hypertension
Serinitis
Diabetes **unk**

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

PHYSICIAN

Major findings:
Of operations.....

Of autopsy **no**

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 site of place)

While at work..... (Means of injury)

23. Signature **Wacker-Heldule U. & Co.** (M. D. or Registrar)
Address **3108 So. Grand** Date signed **11-7-47**

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.....

Licensed Embalmer No.....

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.