

Registration District No. **377**

Primary Registration District No. **3069**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Richmond Heights**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 Mos.**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **TRUSTY, ELSIE**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **F** / 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Married**
6. (c) Age of husband or wife if alive **50** years
7. Birth date of deceased **August 24, 1893**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	54	10	11	hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

12. Name **John Hoaglund**
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 **Evelyn Walt**
(b) Address **7300 Flora**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **7-8-1948**
(Month) (Day) (Year)

(c) Place: burial or cremation **Irondale, Missouri**

18. (a) Signature of funeral director **Jay B. Smith**

(b) Address **7456 Manchester**

19. (a) **7-2-48** (Date received local registrar) (b) **Bevil R. Sharp** (Registrar's signature) Address **3720 Washington** Date signed **7/5/48**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **110**
(c) City or town **Irondale**
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) **1**
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **5** year **1948** hour **7** minute **45 A.** M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Abscess, retroperitoneal**
Due to **Carcinoma, cervix, with metastasis**
Due to **48 hr**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **See above**

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) (Specify type of injury)
Signature **George J. Quinn, M.D.** (M.D. or other)
Address **3720 Washington** Date signed **7/5/48**

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.....

J.P. Burgess

Licensed Embalmer No. 4029

P. O. Address..... Maplewood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.