

10-47
17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31486**
Registrar's No. **8150**

FILED OCT 1 1948
Registration District No. **318**

Primary Registration District No. **1003**

WRITE PLAINLY—USE 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:
MISSOURI BAPTIST
(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 **CHARLES TROTTER**
3. (b) If veteran, name war **WORLD WAR II** 3. (c) Social Security No.

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **ESTELLE TROTTER** 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **JULY 30 1908**
(Month) (Day) (Year)

8. AGE: Years **40** Months **1** Days **15** If less than one day
hr. min.

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

10. Usual occupation **FUR GRADER**

11. Industry or business.....

12. Name **JERRY TROTTER**

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

14. Maiden name **BERTHA BRAMLETT**

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

16. (a) Informant **Estelle Trotter**

(b) Address **4047 a Shaw Blv**

17. (a) **BURIAL** (b) Date thereof **SEPT-20-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **National Cem. Jefferson Mo.**

18. (a) Signature of funeral director **E. J. Schuler**

(b) Address **3125 Lafayette Av**

19. (a) **SEP 17 1948** (b) **E. J. Schuler**
(Date received local registrar's certificate) (Registrar's signature)

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. **4047A SHAW BLV**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **15**
year **1948** hour **8** minute **50** P.M.
21. I hereby certify that I attended the deceased from **9-13**
19**48** to **9-15** 19**48**
that I last saw him alive on **9-15** 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **acute cardiac failure** Duration **?**
Due to **Intra pulmonary hemorrhage** **?**
Non-tubercular
Due to **meningitis** **24 hrs**
Other conditions (include pregnancy within 3 months of death) **1/4**

Major findings: Of operations..... **1/4**
Of autopsy **same as above**
Underline the cause to 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?.....

While at work?..... (Specify type of place) Means of injury.....
Signature **E. J. Schuler** (M. D. or other) **MD**
Address **3208 Lafayette (3258)** Date signed **9-17-48**

OCT 26 1948

Wanna

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 *Joe Bolmer*
Licensed Embalmer No. *4014*
P. O. Address *3125 Lafayette*

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.