

FILED FEB 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6828

State File No. 1533

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>2 6 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Union, Mo.</u>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <u>John</u>		b. (Middle) <u>Troha</u>	
c. (Last) <u>Troha</u>		c. (Month) (Day) (Year) <u>Feb. 14, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Jan. 11, 1900</u>
9. AGE (In years last birthday) <u>50</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Own Business</u>	11. BIRTHPLACE (State or foreign country) <u>Austria</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. FATHER'S NAME <u>John Troha</u>	
13b. MOTHER'S MAIDEN NAME <u>Gertrude Scherny</u>		14. NAME OF HUSBAND OR WIFE <u>Teresa Ehrhardt, 3631 Tamm Ave.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Teresa Ehrhardt</u>		ADDRESS <u>3631 Tamm Ave.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gunshot wound of skull + Brain self inflicted in the afternoon at the home of his sister at 3631 Tamm Ave</u> DUE TO (b) <u>suicide</u> DUE TO (c) <u>Jan. 14, 1950 at about 5:05 pm.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>suicide while suffering from temporary mental disturbance</u>	
18b. INTERVAL BETWEEN ONSET AND DEATH		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION <u>temporary mental disturbance</u>		19c. DATE OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo 6916X</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb 14 50 p.m.</u>	
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK <input type="checkbox"/> <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:57 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Joseph M. ...</u>		23b. ADDRESS <u>1300 Clark</u>	
23c. DATE SIGNED <u>2/16/50</u>		23d. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>	
23e. LOCATION (City, town, or county) (State) <u>Affton, Mo.</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Feb. 18, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Affton, Mo.</u>		DATE REC'D BY LOCAL REG. <u>FEB 16 1950</u>	
REGISTRAR'S SIGNATURE <u>J. B. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Hoffmeister</u>	
ADDRESS <u>6464 Chippewa St.</u>		ADDRESS	

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.