

FILED NOV 2 1951

STANDARD CERTIFICATE OF DEATH

State File No. 35669
Registrar's No. 9243

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2229	
d. FULL NAME OF HOSPITAL OR INSTITUTION Booth Mem. Hospital		e. STREET ADDRESS (If rural, give location) 2639 1/2 Caroline Str	

3. NAME OF DECEASED (Type or Print) a. (First) MAUD	b. (Middle)	c. (Last) TROGDON	4. DATE OF DEATH (Month) (Day) (Year) October 16, 1951
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) D	8. DATE OF BIRTH April 18-1885	9. AGE (In years) (last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house-wife	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Chandlerville, Ill	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME James Horrom	13b. MOTHER'S MAIDEN NAME Emma Kinney	14. NAME OF HUSBAND OR WIFE ?
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. ?	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Minerva Whittier 2836 Oregon
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Partial bowel obstruction + ventral hernia	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H201
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22. I hereby certify that I attended the deceased from Oct 12, 1951, to Oct 16, 1951, that I last saw the deceased alive on Oct 16, 1951, and that death occurred at 11:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE H. Y. Moore M.D.	(Degree or title)	23b. ADDRESS 917-5018	23c. DATE SIGNED 10-17-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-20-51	24c. NAME OF CEMETERY OR CREMATORY St Matthews	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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DATE REC'D BY LOCAL REG. OCT 19 1951	REGISTRAR'S SIGNATURE Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin 2301 Lafayette Ave
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 _____

L R Cooper

Licensed Embalmer No. 3633

P. O. Address 2301 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.