

FILED APR 16 1952

STANDARD CERTIFICATE OF DEATH

14860

State File No. ....

BIRTH NO. 65374

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 2680

1. PLACE OF DEATH  
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Mo  
b. COUNTY ST. LOUIS

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS MO

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BADEN 4010

d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CHILDREN'S

d. STREET ADDRESS (If rural, give location) 906 NASSAU DR 1

3. NAME OF DECEASED  
a. (First) KATHLEEN  
b. (Middle) ANN  
c. (Last) TRUTWIEN

4. DATE OF DEATH (Month) (Day) (Year) 3-20-52

5. SEX FEM

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE (1)

8. DATE OF BIRTH 9-17-51

9. AGE (In years last birthday) 6 3

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME PAUL B. TRUTWIEN

13b. MOTHER'S MAIDEN NAME EUGEN OSKINS

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS J. EGAN 500 So. Kingshighway

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) Bronchopneumonia  
ANTECEDENT CAUSES  
DUE TO (b) Bronchitis  
DUE TO (c) Parenteral Sepsis  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Congenital Heart Disease incompletely diagnosed

INTERVAL BETWEEN ONSET AND DEATH  
3 days  
3 days  
3 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR 491X

22. I hereby certify that I attended the deceased from 3-18, 1952, to 3-20, 1952, that I last saw the deceased alive on 3-20, 1952, and that death occurred at 10:30 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. L. Throckmole

23b. ADDRESS Children's Hosp.

23c. DATE SIGNED 3-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (1)

24b. DATE 3-24-52

24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. MAR 21 1952

REGISTRAR'S SIGNATURE Charles Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc. 2161 E. Fair Ave.

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Homer A. Fritz*

Signed.....  
Student Embalmer

Licensed Embalmer No. *38820*

P. O. Address. *St. Louis*

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.