

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22755**
Registrar's No. **5929**

FILED JUL 9 1952
BIRTH NO. **26319**

REG. DIST. NO. **318** 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 2249	
c. LENGTH OF STAY (In this place) 2 days		d. STREET ADDRESS (If rural, give location) 34 3605 S. Broadway	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethesda Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Ella b. (Middle) Louise c. (Last) Trotter		4. DATE OF DEATH (Month) (Day) (Year) 6 24 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Apr 19 1952
9. AGE (In years last birthday) 2	10. MONTHS 5	11. HOURS 0	12. MINUTES 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Frank Trotter		13b. MOTHER'S MAIDEN NAME Lillie May Trotter	
14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Frank Trotter		ADDRESS St. Louis, Mo. 1952	
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) Encephalitis INTERVAL BETWEEN ONSET AND DEATH June 27 ANTECEDENT CAUSES DUE TO (b) Bronchopneumonia June 24 DUE TO (c) Varicella Infection June 21 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. German Measles June 19 1952	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR		086X	
22. I hereby certify that I attended the deceased from June 21, 1952 to June 24, 1952 , that I last saw the deceased alive on June 24, 1952 , and that death occurred at 8:10 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Leroy E. Ellison M.D.		23b. ADDRESS 3610 S. Broadway, St. Louis, Mo.	
23c. DATE SIGNED JUN 25 1952			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-25-52	
24c. NAME OF CEMETERY OR CREMATORY City		24d. LOCATION (City, town, or county) (State) Muskogee, Oklahoma	
DATE REC'D BY LOCAL RES. JUN 25 1952		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Fred M. Williams		ADDRESS 4535 Washington	

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

Dr. Borenstein explained chain of events.

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

Clifford G. Kasper

Licensed Embalmer No. 2441

P. O. Address _____

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.