

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **33861**

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SEP 16 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2331

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ELLISVILLE</b>		c. LENGTH OF STAY (in this place) <b>5 days</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>SUNSET NURSING HOME</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CREVE COEUR</b> <b>4466</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>BERTHA</b> b. (Middle) <b>MARTIN</b> c. (Last) <b>TROVILLION.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 7, 1952</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>June 7, 1877</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired; house wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>	9. AGE (in years last birthday) <b>75</b>
11a. BIRTHPLACE (City and State or Foreign Country) <b>Dahlgren, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Thomas Martin</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Shelton.</b>	
14. NAME OF HUSBAND OR WIFE <b>Colver Trovillion.</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Clyde H. Scott; Creve Coeur, Mo.</b>	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CHRONIC MYOCARDITIS</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>ARTERIOSCLEROSIS</b>  DUE TO (c) <b>4221</b>	
19a. DATE OF OPERATION <b>Nov.</b>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		18. INTERVAL BETWEEN ONSET AND DEATH <b>APRIL 1952</b>	
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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>SEPT. 3, 1952</b> , to <b>SEPT. 7, 1952</b> , that I last saw the deceased alive on <b>SEPT. 7, 1952</b> , and that death occurred at <b>4:54 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>K. R. Loving, MD</b>		23b. ADDRESS <b>Ballwin, Mo.</b>	23c. DATE SIGNED <b>9.8.52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept. 9, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Missouri</b>
DATE REC'D BY LOCAL REG. <b>9-8-52</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Donke, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. C. R. Lupton &amp; Sons; 7233 Delmar Blvd.,</b>	

S 27 (Licensed Embalmer's Statement on Reverse Side)

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

Office of Health Services  
Missouri State  
Department of Health  
9-11-1982

**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 Melvin L. Kemper

Licensed Embalmer No. 4052

P. O. Address St. Louis, Mo

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.