

FILED APR 26 1954

STANDARD CERTIFICATE OF DEATH

14365

State File No.

No. 300
10-46

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 850

1. PLACE OF DEATH
 a. COUNTY St. Louis
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton
 c. LENGTH OF STAY (in this place) DOA
 d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY St. Louis
 c. CITY OR TOWN Kirkwood 479
 d. Is Residence within limits of city or incorporated town? Yes No
 e. STREET ADDRESS (If rural, give location) 503 S. Holmes

3. NAME OF DECEASED (Type or Print) a. (First) PEARL b. (Middle) _____ c. (Last) TROTTER
 4. DATE OF DEATH (Month) (Day) (Year) April 5, 1954

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Nov. 18, 1914 9. AGE (In years last birthday) 39 IF UNDER 1 YEAR Months 5 Days 17 IF UNDER 24 HRS. Hours 1 Min. _____
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and State or Foreign Country) Rochester, N. Y. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Raymond Salzer 13b. MOTHER'S MAIDEN NAME Bertha Smith 14. NAME OF HUSBAND OR WIFE LeRoy Trotter

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. Unknown 17. INFORMANT'S SIGNATURE OR NAME LeRoy Trotter ADDRESS 503 S. Holmes, Kirkwood

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.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Self-inflicted gunshot wound of head
 ANTECEDENT CAUSES suffered in the bedroom of her home.
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) The deceased was found lying on the floor by her husband and a 32 cal.
 DUE TO (c) revolver with one discharged cartridge
 II. OTHER SIGNIFICANT CONDITIONS in the chamber was lying close to her
 Conditions contributing to the death but not related to the disease or condition causing death. right hand.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO 976X

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kirkwood St. Louis Mo.
 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4/5/54 1:42P 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? Self-inflicted gunshot wound of head.

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE Arnold J. Keilmann (Degree or title) Coroner 23b. ADDRESS Clayton, Mo. 23c. DATE SIGNED 4/14/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 4/9/54 24c. NAME OF CEMETERY OR CREMATORY Eastlawn Cemetery 24d. LOCATION (City, town, or county) (State) Springfield, Mo.

DATE/REC'D BY LOCAL REG. 4/9/54 REGISTRAR'S SIGNATURE Richard R. Somke 25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Popp ADDRESS Mc. Ghee

WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 14 1958

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.....
Signature of Student Embalmer

Signed *Felix Hernandez*.....

Licensed Embalmer No. *303*.....

P. O. Address *Kukuwo*.....

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 embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.
If this body is not embalmed, fact should be so stated above.