

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

No. 300
10. 48

FILED OCT 14 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2340

Handwritten: face

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Ballwin, Mo.</u>	c. LENGTH OF STAY (in this place) <u>50 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Ballwin, Mo.</u>	d. STREET ADDRESS (If rural, give location) <u>Main St.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Main St.</u>			

3. NAME OF DECEASED a. (First) <u>Louis</u> b. (Middle) <u>Otto</u> c. (Last) <u>Trog</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 3 1954</u>	
--	--	--	---	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec 18 1892</u>	9. AGE (In years last birthday) <u>61</u> IF UNDER 1 YEAR Months <u>9</u> Days <u>15</u> IF UNDER 24 HRS. Hours Min.	
--------------------	-------------------------------	---	-------------------------------------	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auto trimmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Ford Motor Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	---	--

13a. FATHER'S NAME <u>Henry Trog</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Bopp</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Trog</u>
--------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>488-07-7271</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Vernon Trog</u> ADDRESS <u>Ballwin, Mo</u>
--	--	---

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) <u>Carcinoma of Cecum</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Carcinomatosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
---	--	--	----------------------------------

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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	---	----------------------------

22. I hereby certify that I attended the deceased from July 15, 1953, to Oct 3, 1954, that I last saw the deceased alive on Oct 3, 1954, and that death occurred at 11 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Henry F. Scott M.D.</u> (Degree or title)	23b. ADDRESS <u>Ballwin Mo</u>	23c. DATE SIGNED <u>Oct 5-54</u>
---	--------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-6-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. John Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Manchester Mo.</u>
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. <u>10/6/54</u>	REGISTRAR'S SIGNATURE <u>Hecheol R. Amberg</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Shrader Funeral Home</u> ADDRESS <u>Ballwin, Mo.</u>
---	--	--

NOTE

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

Richard Popp

Licensed Embalmer No. *4584*

P. O. Address *Ballwin 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.