

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6569

State File No.

FILED MAR 4 1955

BIRTH NO. 11445-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1124

1. PLACE OF DEATH a. COUNTY		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 township) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>Jefferson</u> ¹⁸²⁰	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LUTHERAN Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>4749 Beege Rd</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>DONNA</u> b. (Middle) <u>KAY</u> c. (Last) <u>TROST</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-6-55</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>2-6-55</u>
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo.</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>HARVEY WILLIAM TROST</u>		13b. MOTHER'S MAIDEN NAME <u>DEATHY MARIE ROEVER</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME (Address) <u>Mrs Dorothy M. Trost</u> ^{4741 Beege Rd. St. Louis 23}	
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>Rupture of liver, birth trauma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Disproportionate pelvic-encephalo.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death. <u>sentential tear.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR		<u>7610</u>	
22. I hereby certify that I attended the deceased from <u>26</u> , 19 <u>55</u> , to <u>2-6</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>2-6</u> , 19 <u>55</u> , and that death occurred at <u>3:05P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>John H. ...</u>		23b. ADDRESS <u>3739 ...</u>	
23c. DATE SIGNED <u>2-6-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <u>2-7-55</u>		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) (State) <u>Maerzstown, Illinois</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl Smith Mo</u>	
DATE REC'D BY LOCAL REG. FEB 7 1955		ADDRESS <u>CH of music W. L. 60 7514 S Broadway</u>	

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

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.....
Licensed Embalmer No. 267

P. O. Address 7514 1/2 B...

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.