

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **39128**

FILED NOV 19 1956

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 25-3	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY St. Charles		a. STATE Missouri		b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. LENGTH OF STAY (In this place) 2 days		c. CITY OR TOWN Overland		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital				e. STREET ADDRESS (If rural, give location) 9418 Everman Avenue 423 Y			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) Ferdinand		b. (Middle) Vincent		c. (Last) Trost		Nov. 14, 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 9, 1903	
9. AGE (In years last birthday) 53		IF UNDER 1 YEAR Months Days 		IF UNDER 2 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tool-Die Maker		10b. KIND OF BUSINESS OR INDUSTRY Sterling Alum		11. BIRTHPLACE (City and State or Foreign Country) Austria		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Ferdinand Trost			13b. MOTHER'S MAIDEN NAME Martha Halick			14. NAME OF HUSBAND OR WIFE Gladys Trost	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gladys Trost 9418-Everman Avenue			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolism				2 days	
		ANTECEDENT CAUSES Coronary sclerosis				5 years	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 					
		DUE TO (c) 					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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)		4 201	
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?			
22. I hereby certify that I attended the deceased from Nov. 13, 1956 , to Nov. 14, 1956 , that I last saw the deceased alive on Nov. 14, 1956 , and that death occurred at 7:00 P.M. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Bugene J. Canty, M.D.				23b. ADDRESS St. Charles, Mo.		23c. DATE SIGNED Nov. 15, 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-17-1956		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. Nov 15 1956		REGISTRAR'S SIGNATURE Fannie Hamilton		GENERAL DIRECTOR'S SIGNATURE W. H. ...		ADDRESS 2504-Woodson Rd-Overland-14-Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

1940
303
1940

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 *Oscar F. Mueller*

Licensed Embalmer No. *303*

P. O. Address *Overland*

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.