

FILED MAR 18 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11210  
STATE FILE NUMBER  
1963

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

Health,  
Welfare  
Public  
Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>St. Clair</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis, Missouri.</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>East St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>38 Enroute City Hospital DOA</b>			Length of stay in 1b	32 d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Everett</b> Middle <b>R.</b> Last <b>Troxell</b>				4. DATE OF DEATH Month <b>February</b> Day <b>22</b> Year <b>1957</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Oct 31, 1908</b>		9. AGE (In years last birthday) <b>48</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Painting</b>		11. BIRTHPLACE (City and state or country) <b>Missouri.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>James Troxell</b>				14. MOTHER'S MAIDEN NAME <b>Bertha Jones</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No Nil</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT Address <b>John Troxell, Arcadia, Missouri.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Subarachnoid Hemorrhage of Brain</b> DUE TO (b) <b>Subdural Hemorrhage of Brain</b> DUE TO (c) <b>Dislocation of 1st on Cervical Vertebra; Following injuries</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Dislocated in fight at home, River Road, St. Louis, Mo. at 7:15 a.m. Ball and Street about 1:00 p.m., 2-22-57</b>							INTERVAL BETWEEN ONSET OF DEATH
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter date, time, place, person, etc.) <b>Dislocated in fight at home, River Road, St. Louis, Mo. at 7:15 a.m. Ball and Street about 1:00 p.m., 2-22-57</b>				
20c. TIME OF INJURY Hour <b>11:05</b> p. m. Month, Day, Year <b>2 22 57 February 22nd 1957</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>St. Louis Mo. 64831</b>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>11:45 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Patrick E. Taylor</b> (Name or title)				22b. ADDRESS <b>1308 Clark</b>		22c. DATE SIGNED <b>2/26/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>2-27-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Iron Mountain Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Iron Mountain Missouri.</b>		
24. FUNERAL DIRECTOR <b>White Funeral Home, Ironton, Missouri.</b>				25. DATE RECD. BY LOCAL REG. <b>FEB 26 '57</b>		26. REGISTRAR'S SIGNATURE <b>Carl Smith MO</b>	

(Licensed Embalmer's Statement on Reverse Side)

mfb.

St. Louis, Missouri, June 12, 1927  
 James T. [Name] [Address]  
 [Name] [Address]  
 [Name] [Address]  
 [Name] [Address]

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 *Ellen M. Pennington*

Licensed Embalmer No. *428*

P. O. Address *St. Louis*

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.