

FILED APR 15 1957

STANDARD CERTIFICATE OF DEATH

11704

State File No. _____
Registrar's No. 402

BIRTH NO. _____ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 500

1. PLACE OF DEATH
a. COUNTY St Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gardenville

c. CITY OR TOWN St Louis d. Is Residence within limits of a city or incorporated town? Yes No

c. LENGTH OF STAY (in this place) 3 yrs

e. STREET ADDRESS (If rural, give location) 3311 S 18th Street

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Miller Nursing Home

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) William c. (Last) Trossauer 4. DATE OF DEATH (Month) (Day) (Year) Feb 10 1957

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH April 3 1870 9. AGE (In years last birthday) 86 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Freight Handler - Laborer 11. BIRTHPLACE (City and State or Foreign Country) Czechoslovakia 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Trossauer 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Martha (Deceased)

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. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Theresa Fischer 3311 S 18th Street

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Thrombosis INTERVAL BETWEEN ONSET AND DEATH 1 day
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis 1 Yr.
DUE TO (c) Chronic Nephritis 1 yr.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION non 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO 592X

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from Nov. 14, 1955, to Feb. 10, 1957, that I last saw the deceased alive on Feb. 7, 1957, and that death occurred at 42.15 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. H. Walters M.D. 23b. ADDRESS 3608 South Grand Blvd. 23c. DATE SIGNED 2/11/57

24a. BURIAL CREMATORY (Name of place) Funeral 24b. DATE 2/13/57 24c. NAME OF CEMETERY OR CREMATORY Mt Olive Cemetery 24d. LOCATION (City, town, or county) (State) Lemay Missouri

DATE REC'D BY LOCAL REG. 2-12-57 REGISTRAR'S SIGNATURE Herbert B. Donahue 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Moydell Funeral Home 1926 Allen Av

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 *Remond K. Lohmann*

Licensed Embalmer No. *3395*

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.