

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020229
State File No. 5375
Registrar's No.

FILED MAY 29 1958

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>7</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. CITY OR TOWN <i>St. Louis</i>	
c. LENGTH OF STAY (in this place) <i>1 yr. 1 mo.</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <i>26 St. Louis Chronic Hosp.</i>		e. STREET ADDRESS (If rural, give location) <i>4301 West Pine</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Andrew</i> b. (Middle) c. (Last) <i>Trudell</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>5-8-1958</i>	
5. SEX <i>male 0</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widower</i>	8. DATE OF BIRTH <i>7-26-72</i>
9. AGE (In years last birthday) <i>85</i>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Unknown BK</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <i>N.Y.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>Emanuel Trudell</i>		13b. MOTHER'S MAIDEN NAME <i>Delia ?</i>	
14. NAME OF HUSBAND OR WIFE <i>Mary Grace Marrum</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <i>Chronic Hospital Records</i>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>arteriosclerotic Heart Disease</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) <i>Generalized Arteriosclerosis</i> II. OTHER SIGNIFICANT CONDITIONS <i>420.0</i> 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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		21. INTERVAL BETWEEN ONSET AND DEATH <i>13 mo.</i>	
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 <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 <i>3-21-57</i> , 19____, to <i>5-8-58</i> , 19____, that I last saw the deceased alive on <i>5-8-58</i> , 19____, and that death occurred at <i>9:10pm.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>John W. Beckham, M.D.</i>		23b. ADDRESS <i>5800 Broad</i>	
23c. DATE SIGNED <i>5/9/58</i>		24. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>5-31-58</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Anatomical Board</i>	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <i>MAY 27 '58</i>	REGISTRAR'S SIGNATURE <i>Paul Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>Rowland-Aker Mortuary Service</i> <i>4104 Manchester Ave.</i> <i>St. Louis 10, Mo.</i>	

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.....

P. O. Address.....

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.