

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042359

STATE FILE NUMBER

FILED NOV 21 1958

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10772

300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>ST. LOUIS</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Carnegie Hall</i>		Length of stay in lb		d. STREET ADDRESS (If outside, give location) <i>119 2516 N. Newstead</i>	
3. NAME OF DECEASED (Type or print) First <i>Virgie</i> Middle <i>Bell</i> Last <i>Trott</i>			4. DATE OF DEATH Month <i>Nov</i> Day <i>5</i> Year <i>1958</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>Oct 27 1877</i>	
9. AGE (In years, last birthday) <i>81</i>		IF UNDER 1 YEAR Months Days Hours Min.	9. AGE (In years, last birthday) <i>81</i>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Nil</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Miss</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
13a. FATHER'S NAME <i>Frank Hardy</i>		13b. MOTHER'S MAIDEN NAME <i>Lillie ?</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Richard Trott</i> Address <i>2516 N. Newstead</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute pulmonary Oedema and tracheal bronchitis.</i>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>No evidence of fall play.</i>					
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>527.2</i>					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>527.2</i>			
20c. TIME OF INJURY .Hour .Month, Day, Year a.m. p.m.					
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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Dr. J. A. Green</i> (Day or title)		22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>11/10/58</i>	
23. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>Nov 10/58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Wentington Park Cem</i>		23d. LOCATION (City, town, or county) (State) <i>St Louis County Mo.</i>	
24. FUNERAL DIRECTOR <i>F. A. Green</i> ADDRESS <i>4214 Delmar</i>		25. DATE RECD. BY LOCAL REG. <i>NOV 10 58</i>		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *F. G. Green*
Not Embalmed
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.