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FILED JAN 8 1941

State File No. 0

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2335

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 8918 Sycamore Ct.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Amelia Trower

3. (b) If Veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, divorced Widowed

(b) Name of husband or wife James Trower

6. (c) Age of husband or wife if alive _____ years
(Day) (Year)

7. Birth date of deceased November 25 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	hr.	min.
65	-	14		

If less than one day

9. Birthplace St. Louis
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business At Home

12. Name Joseph Kubelka

13. Birthplace New York City New York
(City, town, or county) (State or foreign country)

14. Maiden name Barbara Wachter

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Florence Ziegler

(b) Address 8918 Sycamore Ct.

17. (a) Burial (b) Date thereof Dec. 12, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Semetary

18. (a) Signature of funeral director Chas. A. Stuart

(b) Address 1225 Union Blvd

19. (a) DEC 11 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Overland
(If outside city or town limits, write "RURAL")

(d) Street No. 8918 Sycamore Ct.
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9
year 1940 hour 3:55 minute P. M.

21. I hereby certify that I attended the deceased from Apr 40 to Dec 9 40
that I last saw him alive on Dec 9 and that death occurred on the date and hour stated above.

Immediate cause of death Sarcema of Cervical Glands

Due to _____

Due to 531

Other conditions Myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

9 mos

9 mos

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature [Signature] (M. D. or other) [Signature]

Address 4500 Clarence Date signed Dec 10 1940

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

*W. Smith
4500 Clarence*

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Bernard G. Stuart

Licensed Embalmer No. *3500*

P. O. Address.....

1225 Union, Bldg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.