

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9316

State File No. _____

FILED APR 17 1942

3027

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Hours.
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 6
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3014 NO. Union Blvd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Robert D. Trombley

3. (b) If veteran, name war None 3. (c) Social Security No. 482-16-0973

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Gladys 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Oct. 30, 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 5 27 hr. min.

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

10. Usual occupation Watchman

11. Industry or business Fruco Constr. Co.

12. Name Not Known

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

14. Maiden name Not Known

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

16. (a) Informant Mrs. J.W. Irwin

(b) Address 88 Aberdeen Pl.

17. (a) Burial (b) Date thereof 4/4/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director Chas. Iron Funeral Home

(b) Address 4911 Washington Blvd.

19. (a) APR 4 1942 (b) J. F. Beedeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3
year 1942 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from _____
_____ 19____ to _____ 19____;

that I last saw h. _____ alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Generalized Peritonitis
Hemorrhage of Brain
Due to subdural traumatic
injury. Place, Cause and Manner
of same could not be determined

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

Major findings: _____
Of operations _____

Of autopsy _____

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 4/3/42

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

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

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

23. Signature Thomas F. Callahan (M.D. or other) _____

Address Deputy Coroner Date signed 4/4/42

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Thomas P. Fenwick*

Licensed Embalmer No. *3793*

P. O. Address. *St. Louis, Mo*

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