

5. No. 2
-9-11
5-17
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FILED JUN 10 1947 91

Registration District No. Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
Jewish Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: **000**

(a) State **Missouri** (b) County **12/2**

(c) City or town **Saint Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **5042 Washington**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Harry Troll**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Divorced**

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

7. Birth date of deceased **May 3 1881**
(Month) (Day) (Year)

8. AGE: Years **61** Months **0** Days **22** If less than one day
hr. min.

9. Birthplace **Saint Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Attorney**

11. Industry or business.....

MOTHER FATHER { 12. Name **Henry Troll**

{ 13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Frances Rigg**

{ 15. Birthplace **U. S. A.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Anna Troll**

(b) Address **5042 Washington**

17. (a) **Burial** (b) Date thereof **5/27/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Saint Marcus Cemetery**

18. (a) Signature of funeral director **Robert J. Ambruster**

(b) Address **Clayton Road at Concordia Lane**

19. (a) **MAY 26 1942** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **25**
year **1942** hour **8** minute **20 A.M.**

21. I hereby certify that I attended the deceased from **June 5**
1941 to **June 25** **1942**
that I last saw him alive on **May 24** **1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary sclerosis**
Chronic myocardial infarct
Chronic arterial hypertension
Due to..... Duration **3 years**

Other conditions (Include pregnancy within 3 months of death) **93**

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.....

(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 **James O. Cook** (M. D. or other) **0**

Address **Metropolitan Building** Date signed **5/25/42**

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

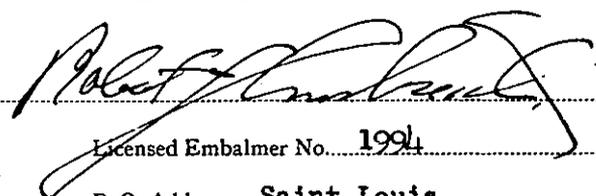
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STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 1994

P. O. Address. Saint 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 this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16741
Registrar's No. 4583

Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Harry T. Zell

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced.....

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

7. Birth date of deceased May 3-1888
(Month) (Day) (Year)

8. AGE: Years 61 Months - Days 13 If less than one day..... min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof..... (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. JUL 17 1942 (b) J. F. Budeck
(Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3042 Washington
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 1942 year 1942 hour 3:00 minute 00 AM.

21. I hereby certify that I attended the deceased from....., 19.....; that I last saw him....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to.....

Due to.....

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

Major findings: Of operations.....

Of autopsy.....

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..... (M. D. or other).....

Address..... Date signed.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

S-16741