S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 26 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25806

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6348

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:
Alexian Bros. Hospital
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ST. Louis
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. 117 Horn Avenue
(If rural, give location)
(e) Citizen of foreign country? --- (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME CHARLES S. TROSSAUER
3. (b) If veteran, name war
3. (c) Social Security No. 498-01-1261
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wendlen
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased April 27, 1910 (Month) (Day) (Year)
8. AGE: Years 36 Months 2 Days 19 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Tavern Owner
11. Industry or business
FATHER 12. Name John W. Trossauer
FATHER 13. Birthplace Bohemia (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Martha Moore
MOTHER 15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Wendlen Trossauer
(b) Address 117 Horn Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery
18. (a) Signature of funeral director C. Hoffmeister U.&L. Co.
(b) Address 7814 S. Broadway
19. (a) JUL 19 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 16 day July year 1946 hour 4 minute A. M.
21. I hereby certify that I attended the deceased from Jan 17, 1946, to July 16, 1946; that I last saw him alive on July 15, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis	3 years
Due to: Rheumatic Vavular Heart Disease +	13 years
Due to: Chronic Glomerular nephritis	4 months
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
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature M. R. Wilucki (M. D. or other) MD
Address 8301 Gravois Date signed July 17, 1946

(Licensed Embalmer's Statement on Reverse Side)

Rev M. Wellcome
8301 Sherwood
9-10 a. Tar.

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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.