

No. 2  
DM-5-43  
v. 5-17-39  
I X36871

FILED SEP 18 1946

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 23981

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: DePaul Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 weeks  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 3911a Carter Ave  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Robert W. Trout

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 22, 1946  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 26, year 1946 hour 3:00 AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from July 22 1946 to Aug 25 1946  
that I last saw him alive on Aug 25 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

0	1	4	hr. _____ min. _____
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9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Child

Immediate cause of death Diarrhea - cause undetermined prematurity

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 119 lbs

11. Industry or business \_\_\_\_\_

12. Name Robert E. Trout

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

14. Maiden name Leona Heolscher

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

16. (a) Informant Robert E. Trout

(b) Address 3911a Carter Ave

17. (a) Burial (b) Date thereof 8/27/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakville, Illinois

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) AUG 26 1946 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

PHYSICIAN

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? \_\_\_\_\_

23. Signature \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(M. D. or other)

Address 734 Mrs. Theatre Bldg Date signed 8/26/46

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

27986

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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 Raymond J. Henning  
Licensed Embalmer No. 4266  
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.**