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DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS  
FILED SEP 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33093  
Registrar's No. 8511

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: Little Sisters of The Poor, 3400 So. Grand  
(d) Length of stay: In hospital or institution 57 Years  
In this community 57 Years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County *aaa*  
(c) City or town St. Louis  
(d) Street No. Little Sisters of the Poor  
(e) Citizen of foreign country? *1/6* 3400 So. Grand. (Yes or No)

3. (a) PRINT FULL NAME Sister Ludivine des Apotres, (Helen Trough)  
3. (b) If veteran, name war. No.  
3. (c) Social Security No.

4. Sex Female, 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 November 19 1860  
(Month) (Day) (Year)

8. AGE: Years 86 Months 90 Days 17  
If less than one day hr. min.

9. Birthplace Germany, 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Religious

11. Industry or business Little Sisters of the Poor

12. Name Nicholas Trough

13. Birthplace Germany, 4  
(City, town, or county) (State or foreign country)

14. Maiden name Marie Anne Fink

15. Birthplace Germany, 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Ste Ludivine  
(b) Address 3400 So. Grand Blvd.

17. (a) Burial, (b) Date thereof 9/9/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Gebken-Benz Mortuary

(b) Address 2842 Meramec St

19. (a) SEP 8 1947 (b) J.F. Brudeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month September day 6th  
year 1947 hour 1: minute 45 P. M.  
21. I hereby certify that I attended the deceased from July 4 - 1947  
to Sept 6 1947  
that I last saw her alive on Sept 3 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerotic Heart Disease  
Duration years

Due to: Generalized Arteriosclerosis  
Duration years

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 R.A. Meyers (M. D. number)  
Address 539 N. Grand Date signed 9/8/47

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

MOTHER FATHER

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 me

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

*Cmb. filed separately*  
Signed .....

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.,  
St. Louis, 18, 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.**