No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40263

FILED NOV 28 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10480

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: St. Anthonys 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:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5433 Itaska Ave. 9
(If rural, give location)

14 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Infant Trojahn

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 (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day 1 hr. 18 min.

9. Birthplace St. Anthony Hospital St. Louis
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name George Trojahn
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rinnie Merry
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant George Trojahn
(b) Address 5433 Itaska Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-14-47 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cem.

18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 E. Fair Ave.

19. (a) NOV 14 1947 (Date received local registrar) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13th
year 1947 hour 8 minute 35 P.M.

21. I hereby certify that I attended the deceased from Nov. 13th, 1947 to Nov. 13th, 1947; that I last saw him alive on Nov. 13th, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Premature Infant (6 months Pregnancy)	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

159

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause of 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 0

23. Signature Walter A. Simon (M. D. or other) M.D.

Address 5003 A Davis Date signed 11/14/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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. No Embalm

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.