FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 23 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1006

State File No. 34777

Registrar's No. 8874

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 Bethesda Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days (Specify whether years, months or days)
In this community Life

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. 4552 ~~Varelman~~ VARRELMAN
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Othmar Trost
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 Mar.
6. (b) Name of husband or wife Bernice Cuddy
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased 3 (Month) 14 (Day) 1908 (Year)

8. AGE: Years 40 Months 7 Days 28 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) (State or foreign country)
10. Usual occupation Milk Driver
11. Industry or business Valley Farm Dairy
FATHER
12. Name George Trost Sr.
13. Birthplace St. Louis (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Anna Schlo
15. Birthplace St Louis (City, town, or county) (State or foreign country)
16. (a) Informant Bernice Trost
(b) Address 4552 Varrelman
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cem
18. (a) Signature of funeral director Wingbermuehle F. H.
(b) Address 3819 S. Grand
19. (a) OCT 13 1948 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 12 year 1948 hour 6:30 minute A M.

21. I hereby certify that I attended the deceased from Oct 7, 1948 to Oct 12, 1948 that I last saw him alive on Oct 12, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bilateral Lobar Pneumonia (Virus)	5 days
Due to Virus -	
Due to —	
Other conditions (Include pregnancy within 3 months of death) None	
Major findings: Of operations 108	
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

23. Signature May Stalloff (M. D. or other) MD
Address 512 Corey Bl. Date signed 10/12/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 26 1949

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. 2971

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.