

FILED DEC 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39378
State File No. 10363
Registrar's No. 10363

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10363	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. LENGTH OF STAY (in this place) 15 days		c. CITY (If outside corporate limits, write RURAL and give township) Sullivan		0 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital				7. STREET ADDRESS (If rural, give location) N.R. Rt #1			
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) William c. (Last) Trout			4. DATE OF DEATH (Month) (Day) (Year) - November 29-1949				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH - March 17-1885	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) - Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Trout		13b. MOTHER'S MAIDEN NAME Mary Broshier		14. NAME OF HUSBAND OR WIFE Rose (Ernst) Trout			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NIL		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Rose Trout Rt 1-Sullivan, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Duodenum ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Duodenum				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		HOC	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 152X			
22. I hereby certify that I attended the deceased from 11-14, 1949 , to 11-29, 1949 , that I last saw the deceased alive on 11-29, 1949 and that death occurred at 8:00 A.m. , from the causes and on the date stated above.							
23a. SIGNATURE Edwin J. Vitt M.D. (Degree or title)				23b. ADDRESS 16 Hampton Village Plaza		23c. DATE SIGNED 12-1-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 2-1949	24c. NAME OF CEMETERY OR CREMATORY St. Peter Cemetery		24d. LOCATION (City, town, or county) (State) St. Charles, Missouri		
DATE REC'D BY LOCAL REC. DEC 1 1949		REGISTRAR'S SIGNATURE J. B. Foster		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS H. C. Dallmeyer & Sons Co 800 N. 2nd - St. Charles, Mo.			

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

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 4189

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Joseph I Landolt

Licensed Embalmer No. 4189

P. O. Address St Charles 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.