

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4800

FILED JUN 9 1950

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4800

1. PLACE OF DEATH a. COUNTY <u>3629a Dever Place</u> <u>St. Louis Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u> 2019	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>3629 Dever Pl</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3629 Dever Pl</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Roscoe</u>	b. (Middle)	c. (Last) <u>Trail</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 31, 1950</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>	8. DATE OF BIRTH <u>Sept. 9, 1904</u>	9. AGE (In years last birthday) <u>45</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>24</u>	IF UNDER 1 HR. Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Druggist</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Drug Store</u>	11. BIRTHPLACE (State or foreign country) <u>Raymondville, Mo. 0</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>Stonewall Trail</u>	13b. MOTHER'S MAIDEN NAME <u>Sylvia Lott</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>	16. SOCIAL SECURITY NO. <u>49701-3727</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Alta Kincaid Louisiana</u>	ADDRESS <u>na Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>Onset May 2, 1950</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Influenzal Respiratory Infection</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>HST</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 2, 1950, to May 27, 1950, that I last saw the deceased alive on May 27, 1950, and that death occurred at 3 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert L. Andrew M.D.</u>	(Degree or title)	23b. ADDRESS <u>216 Georgia St. Louisiana, Mo.</u>	23c. DATE SIGNED <u>5-31-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/3/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Allen Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Houston Missouri</u>
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DATE REC'D BY LOCAL REG. <u>MAY 31 1950</u>	REGISTRAR'S SIGNATURE <u>J. B. Fusater</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>SULLIVAN FUN. DIR. 2849 N. Euclid</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 16 1950

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed *Robert L. Brinkman*
Student Embalmer No.
Licensed Embalmer No. *3553*
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.