

S. No. 300
10-48

4000

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

X01158648 12-1951
REG. # 92379

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15190
Registrar's No. 986

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN JEFFERSON BARRACKS, MO.)		c. LENGTH OF STAY (in this place) 31 DAYS	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
		d. STREET ADDRESS (If rural, give location) 73 1706 OREGON	

3. NAME OF DECEASED (Type or Print)	a. (First) LAWRENCE	b. (Middle) (NMI)	c. (Last) TROKEY	4. DATE OF DEATH (Month) (Day) (Year) APRIL 15, 1951
-------------------------------------	----------------------------	--------------------------	-------------------------	---

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 9-17-95	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months 6	IF UNDER 24 HRS. Hours 28 Min. _____
--------------------	-------------------------------	---	---------------------------------	---	---------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHEET METAL WORKER	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) CADET, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
---	---	--	---

13a. FATHER'S NAME JOE TROKEY	13b. MOTHER'S MAIDEN NAME ALICE HOLMAN	14. NAME OF HUSBAND OR WIFE VERA TROKEY
--------------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I	16. SOCIAL SECURITY NO. 489281137	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS	ADDRESS _____
--	--	--	---------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 MONTHS OVER 3 YRS
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SUBACUTE BACTERIAL ENDOCARDITIS		
	ANTECEDENT CAUSES RHEUMATIC HEART DISEASE MORBID CONDITIONS, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) MANIFESTED BY AORTIC STENOSIS AND DUE TO (c) REGURGITATION		
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 411X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 **3-8-51**, 19____, to **4-15-51**, 19____, and that death occurred at **4:50pm.**, from the causes and on the date stated above.

23a. SIGNATURE J. C. Stilwell M.D. (Degree or title) M.D.	23b. ADDRESS VET ADM HOSP, JEFF BRKS, MO.	23c. DATE SIGNED 4-15-51
---	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/18/51	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Barracks 23, Mo.
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. 4/16/51	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister	ADDRESS U&L Co. 7814 S. Bdwy City II
---	--	--	---

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Linus C. Hoffmeister

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

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.