

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **28799**
Registrar's No. **7301**

FILED AUG 25 1951

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY 0				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2059	
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Johns Hospital				d. STREET ADDRESS 5641 5600 Clemens			
3. NAME OF DECEASED (Type or Print) a. (First) Sol b. (Middle) _____ c. (Last) Tropp			4. DATE OF DEATH (Month) (Day) (Year) Aug. 14-1951				
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 23-1888	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Days 7	IF UNDER 24 HRS. Hours 22 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hat Blocker		10b. KIND OF BUSINESS OR INDUSTRY Milinery		11. BIRTHPLACE (State or foreign country) Russia 6		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Leah Liebson		14. NAME OF HUSBAND OR WIFE Millie Levin Tropp			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 489-10-9012		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Seymour Brown-7553 Gannon			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Thyroid 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 3 months	
19a. DATE OF OPERATION June 22, 1951		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Thyroid & blood vessel invasion				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE		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? 194X			
I hereby certify that I attended the deceased from June 20, 1951 , to Aug 14, 1951 , that I last saw the deceased alive on Aug 14, 1951 , and that death occurred at 8:45 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE L. V. Mulligan		(Degree or title) M.D.		23b. ADDRESS 634 N. Grand St. Louis 3, Mo		23c. DATE SIGNED Aug 16, 51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-16-1951		24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cem		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
DATE REC'D BY LOCAL REG. AUG 16 1951		REGISTER'S SIGNATURE L. V. Mulligan - M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman Rindshoff 5216 Delmar			

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

Cover by 944
5335

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.

Student Embalmer No.

Signed *Peter B. Dubrouillet*

Signed.....
Student Embalmer

Licensed Embalmer No. *3691*

P. O. Address *Reclm of Hyph, D*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of }
County of } ss.

State File No. 28799
Local Registrar's No. 7301

AFFIDAVIT FOR CORRECTION OF A RECORD

On this day of, 194....., before me appears.....

....., who, upon oath, states that the original record of ^{birth} death
for SOL TROPP, died 8.14, 1951, in the State of
Missouri, and which was filed at on 19....., should be corrected as follows:

Item No. 22 should read 5641 Clemons

Instead of 5601

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. Seymour Brown Relationship Daughter
7553 Gannon Present Address.

Subscribed and sworn to before me this 11 day of Feb., 19452

My Commission expires 4-4-53 Olla C. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.