

FILED OCT 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31919**
8306
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		a. STATE Mo. b. COUNTY	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 2193	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3120 A SHENANDOAH		d. STREET ADDRESS (If rural, give location) 3120 A SHENANDOAH	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) JEROME		SEPT-19-51	
b. (Middle) CHARLES			
c. (Last) TROWBRIDGE			
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED M.	8. DATE OF BIRTH MARCH-6-1876
9. AGE (In years last birthday) 75 YRS		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIL	
11. BIRTHPLACE (State or foreign country) GRAND RAPIDS MICHIGAN		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME JEROME TROWBRIDGE		13b. MOTHER'S MAIDEN NAME MATTIE SMITH		14. NAME OF HUSBAND OR WIFE ANNA TROWBRIDGE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Anna Trowbridge, 3120 A Shenandoah	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ANTECEDENT CAUSES			
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b)		Pulmonary Congestion	
		DUE TO (c)		Carcinoma of bladder	
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 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)	
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? 181X	

22. I hereby certify that I attended the deceased from **1951**, to **1951**, that I last saw the deceased alive on **230 P**, 19 **51**, and that death occurred at **230 P**, m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Catharine E Taylor Emballer		23b. ADDRESS 1300 E. Chestnut		23c. DATE SIGNED 9-20-51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Sept-22-51		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	
24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.		25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schmur		ADDRESS 3125 Lafayette	
DATE REC'D BY LOCAL REG. SEP 20 1951		REGISTRAR'S SIGNATURE J. Carl Smith			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed.....

Joseph P. Kollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette St. 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.