

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9975	
1. PLACE OF DEATH a. COUNTY _____				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 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		d. STREET ADDRESS (If rural, give location) 3400 S. Grand	
d. FULL NAME OF HOSPITAL OR INSTITUTION Little Sisters of Poor 3400 S. Grand				4. DATE OF DEATH (Month) (Day) (Year) Nov. 8, 1951			
3. NAME OF DECEASED (Type or Print) Bert Trotter		a. (First)		b. (Middle)		c. (Last)	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Jan. 25, 1870	
9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) Chicago, Ill.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stoker Fireman		10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME Richard Trotter		13b. MOTHER'S MAIDEN NAME Carol Ann Hughes		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME St. Ann's Home ADDRESS 5301 Page Blvd.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Dis. ANTECEDENT CAUSES Generalized Arteriosclerosis 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 yes yes	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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) St. Louis, Mo.			
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? Hypertension			
22. I hereby certify that I attended the deceased from Jan 19, 1951 , to Nov 8, 1951 , that I last saw the deceased alive on Nov 8, 1951 , and that death occurred at 10:00 P.M. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W.A. Meyer M.D.		23b. ADDRESS 539 N. Grand		23c. DATE SIGNED 11/9/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 11-12-51		24c. NAME OF CEMETERY OR CREMATORY Memorial Park St. Louis		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. NOV 9 1951		REGISTRAR'S SIGNATURE Earl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Walter Stuart ADDRESS 223			

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

