No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 2 - 1953

State File No. 23202

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5845

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CHRISTIAN HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS 2119
d. STREET ADDRESS (If rural, give location): 11 3623 GARFIELD 0

3. NAME OF DECEASED (Type or Print)
a. (First): FERDINAND
b. (Middle):
c. (Last): TROST

4. DATE OF DEATH (Month) (Day) (Year): 6-10-53

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 4-20-1868
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grave Digger
10b. KIND OF BUSINESS OR INDUSTRY: CEMETERY
11. BIRTHPLACE (State or foreign country): AUSTRIA 4
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: UNKNOWN
13b. MOTHER'S MAIDEN NAME: MARTHA HLADICK
14. NAME OF HUSBAND OR WIFE: MARTHA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Ferdinand TROST. ADDRESS: 9418 Evermon

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): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic cardiovascular renal disease — 3 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Tumor, rt upper abdomen

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 442X

22. *I hereby certify that I attended the deceased from* May 11, 1953, *to* June 10, 1953, *that I last saw the deceased alive on* June 10, 1953, *and that death occurred at* 9:03 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Lederman M.D.
23b. ADDRESS: 2400 North Grand Ave.
23c. DATE SIGNED: 6/11/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-13-53
24c. NAME OF CEMETERY OR CREMATORY: Calvary
24d. LOCATION (City, town, or county) (State): St Louis Mo

DATE REC'D BY LOCAL REG.: JUN 12 1953
REGISTRAR'S SIGNATURE: J. Carl Smith M.D. M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: A. Kron Bell Co. ADDRESS: 2707 N Grand

(Licensed Embalmer's Statement on Reverse Side)

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

should have been in Part 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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Rene Hoffman

Signed.....
Student Embalmer

Licensed Embalmer No. 4366

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.