

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44512

State File No. 11729

FILED DEC 17 1953

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Registrar's No. 11729

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 OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. Homer G. Phillips Hospital		10. STREET ADDRESS (If rural, give location) 4319 St. Louis Ave. 2109 0			
3. NAME OF DECEASED (Type or Print) a. (First) WELTON b. (Middle) c. (Last) TROTTER			4. DATE OF DEATH (Month) (Day) (Year) Dec. 7 1953		
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 9, 1923		9. AGE (In years last birthday) 30
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Clerk	10b. KIND OF BUSINESS OR INDUSTRY Furniture		11. BIRTHPLACE (City and State or Foreign Country) New Madrid, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Welton Trotter		13b. MOTHER'S MAIDEN NAME Emma Jean		14. NAME OF HUSBAND OR WIFE Ernestine Trotter	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. W. W. II 487-28-4868	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ernestine Trotter 4319 St. Louis Ave.			
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, assthenia, 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 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Labor Pneumonia DUE TO (c)					
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 490x	
22. I hereby certify that I attended the deceased from 19 to 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 7:35A m., from the causes and on the date stated above.					
23a. SIGNATURE (Free or title) J. H. Randle			23b. ADDRESS 1300 Clark		23c. DATE SIGNED 12/8/53
24a. BURIAL, CREMATION, REMOVAL		24b. DATE 12/14/53	24c. NAME OF CEMETERY OR CREMATORY National		24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.
DATE REC'D BY LOCAL REG. DEC 11 1953		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. H. RANDLE & SON 3133 Bell Ave.	

(Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed *J. J. Watson*  
Licensed Embalmer No. *216*  
P. O. Address *2769*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.