

FILED DEC 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41523**

BIRTH NO. _____		REG. DIST. NO. 162		PRIMARY REG. DIST. NO. 5394		Registrar's No. 94		
1. PLACE OF DEATH a. COUNTY JEFFERSON				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 RURAL - MERAMEC		c. LENGTH OF STAY (in this place) 5 YR. 3 MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		2249		
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH'S HILL INFIRMARY				d. STREET ADDRESS (If rural, give location) 3525 TOWNA				
3. NAME OF DECEASED (Type or Print) a. (First) LOUIS b. (Middle) _____ c. (Last) TROST			4. DATE OF DEATH (Month) (Day) (Year) DEC. 7 1954					
5. SEX MO		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 3/19/1882		
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____		IF UNDER 1 YEAR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED			10b. KIND OF BUSINESS OR INDUSTRY CLERK		11. BIRTHPLACE (State or foreign country) HILLSBORO, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME FRED TROST			13b. MOTHER'S MAIDEN NAME CATHERINE SUMMERS			14. NAME OF HUSBAND OR WIFE ETHEL MAY ADAIR		
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. NONE		17. INFORMANT'S SIGNATURE OR NAME Bro. Loch, S.J. St. Joseph's Hill Inf.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GENERALIZED ARTERIO SCLEROTIC ANTECEDENT CAUSES CARDIO VASCULAR Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) CARDIC CONGESTION				INTERVAL BETWEEN ONSET AND DEATH DISEASE	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION 4221				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)				
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?			
22. I hereby certify that I attended the deceased from 8/20, 1949 , to 12/7, 1954 , that I last saw the deceased alive on 12/7, 1954 , and that death occurred at 12:30 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) J. J. ...				23b. ADDRESS 4323 Roland Dr. Normandy 21		23c. DATE SIGNED 12/7/54		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 12/11/54		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum		24d. LOCATION (City, town, or county) (State) 7800 St. Charles, Rock Hill, Missouri 64203 MO		
DATE REC'D BY LOCAL REG. 12/11/54		REGISTRAR'S SIGNATURE Ruth ... 438		25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann 12161 E Fair				

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

DEC 14 1954

MAR 10 1955

DEC 14 1954

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.....
Student Embalmer

Signed *Harold G. Burnley*

Licensed Embalmer No. *4212*

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.