

FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24480

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5883

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>ILLINOIS</i> b. COUNTY <i>ST. CLAIR</i>	
b. CITY OR TOWN <i>St. Louis</i>	c. LENGTH OF STAY (in this place) <i>5 DAYS</i>	c. CITY OR TOWN <i>SUGAR LOAF TOWNSHIP</i>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mo. Pacific Hosp.</i>		STREET ADDRESS (If rural, give location) <i>E. St. Louis - RFD #1</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Arnold</i> b. (Middle) <i>WILLIAM</i> c. (Last) <i>Trost</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>7/6/55</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>10/23/01</i>	9. AGE (In years last birthday) <i>54</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>engineer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Mo. Pac. Railroad</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>MONROE COUNTY ILLINOIS</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>

13a. FATHER'S NAME <i>ADAM TROST</i>		13b. MOTHER'S MAIDEN NAME <i>IDA - Do NOT Know</i>		14. NAME OF HUSBAND OR WIFE <i>Ardena Mueller</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>702-18-2600</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Ardena Trost RFD#1 E. St. Louis, Ill.</i>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis</i>		
	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? <i>332X</i>

22. I hereby certify that I attended the deceased from *7/2*, 19*55* to *7/6*, 19*55*; that I last saw the deceased alive on *7/5*, 19*55*, and that death occurred at *5:55 A.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Arnold William Trost</i> (Degree or title)	23b. ADDRESS <i>Mo. Pac. Rwy</i>	23c. DATE SIGNED <i>7-7-55</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>July 8-1955</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Valhalla</i>
24d. LOCATION (City, town, or county) (State) <i>Bellefonte Illinois</i>		

DATE REC'D BY LOCAL REG. <i>JUL 7 1955</i>	REGISTRAR'S SIGNATURE <i>Carl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Walter Adelman, 1155 E. Illinois</i>
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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 *David R. [Signature]*

Licensed Embalmer No. *4421*

P. O. Address *[Signature]*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.