

7319

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

1332

FILED FEB 17 1956

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

BIRTH NO.

REG. DIST. NO.

1. PLACE OF DEATH

a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

b. COUNTY

Mo.

b. CITY (If outside corporate limits, write RURAL and give town or township)

c. LENGTH OF STAY (in this place)

c. CITY OR TOWN

St. Louis

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION

St. Anthony Hospital

e. STREET ADDRESS (If rural, give location)

2 4931 Gresham Ave.

20290

3. NAME OF DECEASED (Type or Print)

a. (First)

TERESA

b. (Middle)

E.

c. (Last)

TROJAHN

4. DATE OF DEATH (Month) (Day) (Year)

Feb. 6 1956

5. SEX

Female

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 9, 1904

9. AGE (In years last birthday)

51

IF UNDER 1 YEAR

Months Days

IF UNDER 2 HRS.

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country)

Hungary

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

Anton Jonak

13b. MOTHER'S MAIDEN NAME

Magdalene Mandel

14. NAME OF HUSBAND OR WIFE

Oliver A. Trojahn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT'S SIGNATURE OR NAME

Oliver A. Trojahn 4931 Gresham Ave.

ADDRESS

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.

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)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

MEDICAL CERTIFICATION

myelogenous leukemia

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

None

19b. MAJOR FINDINGS OF OPERATION

None

20. AUTOPSY?

YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

None

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

None

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 16, 1955, to Feb. 6, 1956 that I last saw the deceased alive on Feb. 6, 1956, and that death occurred at 5:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Name or title)

J. W. Maynes MD

23b. ADDRESS

55. Sibley Dr. Braly

23c. DATE SIGNED

2-7-56

24a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24b. DATE

Feb. 9, 1956

24c. NAME OF CEMETERY OR CREMATORY

Resurrection Cemetery

24d. LOCATION (City, town, or county) (State)

St. Louis Co. Mo.

DATE REC'D BY LOCAL REG.

FEB 7 1956

REGISTRAR'S SIGNATURE

J. Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE

Kriegshauser 4228 S. Kingshighway Bl.

ADDRESS

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. 514 working under my personal supervision.

Student George W. Kuejohauer, Jr.
Signature of Student Embalmer

Signed William B. White

Licensed Embalmer No. 428

P. O. Address

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.