

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED APR 26 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3430**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY OR TOWN <b>ST. LOUIS MO</b>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>ST. LOUIS</b>	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 <b>2611 S. 7th ST</b>		e. STREET ADDRESS (If rural, give location) <b>23 2611 S. 7th ST.</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>LOUIS</b>	b. (Middle)	c. (Last) <b>TROTT</b>	4. DATE OF DEATH (Month) (Day) (Year)	<b>APRIL 3 1956</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>JAN. 10 1877</b>	9. AGE (in years last birthday) <b>79</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED JANITOR</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>INDIANA</b>	12. CITIZEN OF WHAT COUNTRY? <b>U-S-A</b>					

13a. FATHER'S NAME <b>RUDOLPH TROTT</b>	13b. MOTHER'S MAIDEN NAME <b>MATHILDA BAUER</b>	14. NAME OF <del>husband</del> OR WIFE <b>MINNIE TROTT</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>489-09-4228</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MINNIE TROTT</b>	ADDRESS <b>2611 S. 7th ST</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		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) _____  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 <b>331x</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **March 15, 1956**, to **April 3, 1956**, that I last saw the deceased alive on **April 3, 1956**, and that death occurred at **6 P.** m., from the causes and on the date stated above.

23a. SIGNATURE <b>John J. Danco M.D.</b> (Degree or title)	23b. ADDRESS <b>1319 So. Bdwy - St. Louis, Mo</b>	23c. DATE SIGNED <b>4-4-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>APR. 6 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>S. J. PETER + PAUL</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>
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DATE REC'D BY LOCAL REG. <b>APR 5 1956</b>	REGISTRAR'S SIGNATURE <b>J. Cash Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas Kutas 2906</b>	ADDRESS <b>St. Louis</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300  
0.48

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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 *James E. Hill*

Licensed Embalmer No. *434*

P. O. Address *2906 E*

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.