

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-007914  
STATE FILE NUMBER  
1771

FILED MAR 10 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

300  
1-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS			c. CITY OR TOWN Mehlville 4000		
8) FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION PARK LANE HOSP.			d. STREET ADDRESS Rt 14-Box 790		
3. NAME OF DECEASED (Type or print) ROBERT TROJAHN			4. DATE OF DEATH Month Day Year 2-12-58		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH Oct. 16, 1890		9. AGE (In years last birthday) 67		10. UNDER 1 YEAR Months Days 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 Plastering		11. BIRTHPLACE (City and state or country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Unknown		
13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE MAE TROJAHN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No None		16. SOCIAL SECURITY NO. 053 07 8207		17. INFORMANT Address Mae Trojahn Rt. 14, Box 790 Affton, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cardiac failure DUE TO (b) Lymphosarcoma of neck, behind ear. DUE TO (c) <del>Peritonsillar Abscess Inflammatory</del> Peritonsillar Abscess Inflammatory PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension, Cardiac DISEASE PAST 2 MONTHS					INTERVAL BETWEEN ONSET AND DEATH 1 day 2 months 3-4 DAYS
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 2001			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from August 14, 1940 to Feb. 12, 1958 and last saw her alive on Feb. 12, 1958 Death occurred at 9:30 am on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Henry E. Rosenberg, M.D.			22b. ADDRESS 1467 N. Union (13)		22c. DATE SIGNED Feb. 12, 58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Oct. 15, 1958		23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	
23d. LOCATION (City, town, or county) Lemay, Missouri		(State)			
24. FUNERAL DIRECTOR HOTTWISTER MORTUARIES, 7814 S BROADWAY			25. DATE RECD. BY LOCAL REG. FEB 14 '58		26. REGISTRAR'S SIGNATURE Carl Smith

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be treated. All diseases in Part I must be causally related.

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 *Levin C. Hoffmann* .....

Licensed Embalmer No. *3871* .....  
P. O. Address *7814 S. Broad* .....

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.