

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-046426

STATE FILE NO. 12700

FILED JAN 12 1958

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>St Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Jewish Hosp.</i>		Length of stay in lb <i>10 DA.</i>	1 <sup>st</sup> STREET ADDRESS <i>6800 Minnesota</i>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Charles</i> Middle <i>C</i> Last <i>Trockey</i>			4. DATE OF DEATH Month <i>Dec.</i> Day <i>29</i> Year <i>1958</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Feb. 1 1900</i>		9. AGE (In years last birthday) <i>58</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Optical Worker</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>St. Louis Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>Alfred Trokey</i>			14. MOTHER'S MAIDEN NAME <i>Unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>488-01-0596</i>	17. INFORMANT <i>Mabel Trokey</i> Address <i>6800 Minnesota</i>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>hypertensive C.V. Disease</i> <i>hypertension - E-V. Disease</i> <i>hypertension-essential</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>hypertension, essential</i> DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH <i>April</i> <i>?</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Angina Pectoris</i> <i>Angina Pectoris</i> <i>4202</i>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour <i>3:13</i> Month, Day, Year <i>58</i> a. m. <i>57</i> 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 <i>3/13/58</i> to <i>3/29/58</i> and last saw him alive on <i>3/29/58</i> . Death occurred at <i>6:25 P.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Arthur E. Strauss</i> (Degree or title) <i>M.D.</i>			22b. ADDRESS <i>3720 Washington</i>		22c. DATE SIGNED <i>12-31-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>1-2-1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>St. Pauls Ch. Yd.</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo.</i>
24. FUNERAL DIRECTOR <i>Joe P. Fendley</i>		ADDRESS <i>7178 Michigan</i>		25. DATE RECD. BY LOCAL REG. <i>DEC 31 '58</i>	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 *V. C. Morris*.....

Licensed Embalmer No. *33*.....

P. O. Address *St. Louis*.....

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.