

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED MAR 28 1961

=61-011698

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2506

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 50 yrs		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3235 Barrett St. 7			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Arden Middle J. Last Troyer				4. DATE OF DEATH Month March Day 13 Year 1961			
5. SEX Female	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 4/14/1892	9. AGE (last Birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber		10b. KIND OF BUSINESS OR INDUSTRY Plumbing		11. BIRTHPLACE (City and state or country) Willman Iowa		12. CITIZEN OF WHAT COUNTRY U.S. A.	
13a. FATHER'S NAME John Troyer		13b. MOTHER'S MAIDEN NAME Susan Mourner		14. NAME OF HUSBAND OR WIFE Mrs. Ramona Troyer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address Mrs. Ramona Troyer 3235 Barrett St.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) carcinoma of liver.						INTERVAL BETWEEN ONSET AND DEATH 12 weeks	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) _____			DUE TO (c) 156.1	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 _____ a.m. _____ p.m. Month, Day, Year _____		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 Dec. 23, 1960 to MAR 13, 1961 and last saw her/him alive on MAR 13, 1961 Death occurred at 10:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Arthur Gundlach (degree or title) M.D. <i>Arthur Gundlach M.D.</i>				22b. ADDRESS 2202 University St. 2202 University St.		22c. DATE SIGNED 3/14/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal.	23b. DATE 3/16/61	23c. NAME OF CEMETERY OR CREMATORY Bethany E. & R. Cemetery		23d. LOCATION (City, town, of county) St. Louis County		23e. STATE Mo.	
24. FUNERAL DIRECTOR ADDRESS Calvin F. Feutz Funeral Home Inc. 4828 Natural Bridge Blvd.,				25. DATE RECD. BY LOCAL REG. MAR 15 1961		26. REGISTRAR'S SIGNATURE Loan Smith, M.D.	

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 Robert E. Nephleman

Licensed Embalmer No. 4916

P. O. Address St. Louis, Mo

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.