

AMENDED FILED **Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4222** STATE FILE NUMBER **61-015704**
MAY 10 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mr St. Johns		d. STREET ADDRESS (If outside, give location) 7128 Mardel	

3. NAME OF DECEASED (Type or print) First Baby Middle Last Trostel			4. DATE OF DEATH Month May Day 2 Year 1961		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 2 1961	9. AGE (last birthday)	IF UNDER 1 YEAR Months Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Larry Trostel	13b. MOTHER'S MAIDEN NAME Patricia Hanson	14. NAME OF HUSBAND OR WIFE Patricia
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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)	16. SOCIAL SECURITY NO. None	17. INFORMANT Larry Trostel, 7128 Mardel	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prematurity		INTERVAL BETWEEN ONSET AND DEATH 2 hrs 15 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) atelectasis	
	DUE TO (c) 762.5	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Premature labor due to abruptio placentae	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
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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.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year
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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
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21. I attended the deceased from **May 2, 1961** to **May 2, 1961** and last saw ^{her}him alive on **May 2, 1961**
 Death occurred at **7:07** **p** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Walter G. Dill	(Degree or title) M.D.	22b. ADDRESS 7346 Manchester and Maplewood 171, 220	22c. DATE SIGNED 5-3-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE May 4 1961	23c. NAME OF CEMETERY OR CREMATORY Cockran	23d. LOCATION (City, town, or county) (State) Butler Co. Mo.
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24. FUNERAL DIRECTOR McLaughlin 2301 Lafayette	ADDRESS	25. DATE RECD. BY LOCAL REG. MAY 3 1961	26. REGISTRAR'S SIGNATURE Loel Smith, M.D.
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DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
ITEM NO.
BY AFFIDAVIT OF

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, ^{NOT}
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. Y. Farris

Licensed Embalmer No. 3384
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.