

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037237

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 2769 STATE FILE NUMBER

FILED OCT 11 1962

1. PLACE OF DEATH
 a. COUNTY St. Louis
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood Length of stay in lb 29 Hrs.
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY St. Louis
 c. CITY OR TOWN Manchester Inside Limits Yes No
 d. STREET ADDRESS (if outside, give location) Barretts Station Rd. Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
GEORGE TROG SR.
 (Type or print)

4. DATE OF DEATH Month Day Year
Sept 25 1962

5. SEX male 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 11-23-85 9. AGE (last birthday) 76

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Florist
 10b. KIND OF BUSINESS OR INDUSTRY Geo. Deutschmann
 11. BIRTHPLACE (City and state or country) St. Louis Co., Mo
 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Henry Trog 13b. MOTHER'S MAIDEN NAME Mary Bopp 14. NAME OF HUSBAND OR WIFE Lizzie Trog

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
 16. SOCIAL SECURITY NO. [Redacted] 17. INFORMANT Address Rt 1 Lizzie Trog Manchester, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Myocardial infarction INTERVAL BETWEEN ONSET AND DEATH 2 days
 DUE TO (b) Hypertensive and arteriosclerotic heart disease
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO
 20a. ACCIDENT SUICIDE HOMICIDE
 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
 20c. TIME OF INJURY Hour Month, Day, Year
 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
 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 Sept. 18, 1962 to Sept. 25, 1962 and last saw him alive on Sept. 24, 1962
 Death occurred at 2:00A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Doctor or title) Phillip E. Dolay, M.D. 22b. ADDRESS 714 S. Kirkwood Rd. Kirkwood 22, Mo. 22c. DATE SIGNED 9-25-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 9-27-62 23c. NAME OF CEMETERY OR CREMATORY St. Paul Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.

24. FUNERAL DIRECTOR ADDRESS Schrader Funeral Home Ballwin, Mo. 25. DATE RECD. BY LOCAL REG. 9-25-62 26. REGISTRAR'S SIGNATURE John B. Murphy, M.D.

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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
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 DOCUMENT
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 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 Richard Bopp

Licensed Embalmer No. 4584

P. O. Address Bellewin, 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.