

No. 2  
13-40  
17-39  
X23159

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

NOV 16 1940

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Missouri Baptist  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 weeks  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Louis H. Troeger  
(b) If veteran, name war No  
(c) Social Security No. 242-01-9500

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept 24 - 1882  
(Month) (Day) (Year)

8. AGE: Years 58 Months 0 Days 27  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Mt Olive Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation Top Foreman

11. Industry or business Consolidated Coal Co.

12. Name Edward Troeger

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Williamine Zimmerman

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Troeger  
(b) Address Chicago 211

17. (a) \_\_\_\_\_ (b) Date thereof OCT 21 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olive Illinois

18. (a) Signature of funeral director Carleton Funeral Home  
(b) Address Stanton, Ill

19. (a) OCT 21 1940 (b) J.F. Burkholder  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Illinois (b) County McCook  
(c) City or town Stanton, Ill  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21  
year 1940 hour 10 45 minute \_\_\_\_\_ A.M.  
21. I hereby certify that I attended the deceased from Feb 7  
1940 to Oct 21, 1940  
that I last saw him alive on Oct 21, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of bladder urinary  
trauma Duration 3 days

Due to \_\_\_\_\_  
Due to 51

Other conditions (include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature C.W. Burford (M. D. or other) C.W. BURFORD  
Address 958 Arroyo Blvd. Date signed 10/21/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Ed 4653

Frank Schaffer

**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Howard H. Rawlins

Licensed Embalmer No. 3114

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 this body is not embalmed, fact should be so stated above.**