

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

22848

1. PLACE OF DEATH

County..... Registration District No.....

Township..... Primary Registration District No.....

City St. Louis (No. Caley Hospital)

783 Louis Trimmel

(a) Residence. No. 3017 Hickory St. Ward. 7
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

File No.
Registered No. 6859
St. Ward)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 12 - 1915

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
8 1 4

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School boy, 9:50
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY)

10. NAME OF FATHER Louis Trimmel Sr

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Fattie Budde

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY)

14. INFORMANT (Address) Caley Hospital

15. JUL 17 1923 Max B Starkeoff REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 16 1923

17. I HEREBY CERTIFY, That I attended deceased from April 16, 1923 to July 16, 1923 that I last saw him alive on July 16 1923 and that death occurred, on the date stated above, at 9:45 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Chronic Cardiac Valvular
Insufficiency, Mitral
Decompensation. (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Decompensation. (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

19. WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) George J. Epper, M. D.
7/16 1923 (Address) Caley Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

S. Peter & Paul Sem July 17 1923

20. UNDERTAKER Wick Bros & Co. ADDRESS 2201 St. Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

