

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

Do not use this space.

42688

1. PLACE OF DEATH

County.....
Township.....
City St Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 4263 Maryland)

File No.....
Registered No. 11938
St. Ward)

2. FULL NAME

Emily Trimp
(a) Residence. No. 4263 Maryland St. 19 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 16 - 1849

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
79 3 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) New York

10. NAME OF FATHER

Joseph Urban

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Connecticut

12. MAIDEN NAME OF MOTHER

Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) 4

14.

INFORMANT Harry Trimp
(Address) 5215 Cabanok

15.

FILED -8-1928 Miss E. Stanley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-28 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 3 1928, to Dec 8 1928, that I last saw h. alive on Dec 7 1928, and that death occurred, on the date stated above, at 4:35 m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ch. Myocardial

9013 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Dementia (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physi. Exam. Exam. etc.

(Signed) J. E. Benev M. D.

1-28, 1928 (Address) not known

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

St. Peter Paul Dec 11 1928

20. UNDERTAKER

W. Brown & Co. 2707 N. Grand.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

