

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

Do not use this space.

7728

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis, Mo.* (No. *City Hospital #2*)

Registration District No. **791**
City Registration District No. **1003**

File No.
Registered No. **2091**
St. Ward)

2. FULL NAME

(a) Residence. No. *527 MONTROSE St.* **18** Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **23** yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **MARRIED**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **11-22-1882**

7. AGE YEARS **41** MONTHS **2** DAYS **22** If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work **COMM. LABOR** (b) General nature of industry, business, or establishment in which employed (or employer) **---** (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **MISS.** (STATE OR COUNTRY)

10. NAME OF FATHER **HARRY TRAPP**

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

12. MAIDEN NAME OF MOTHER **NANCY BRANDON**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **GA.** (STATE OR COUNTRY)

14. INFORMANT **A. GERTRUDE CREHAN** (Address) **CITY HOSPITAL #2**

15. FILED **FEB 10 1931** REG. **W. C. STANLEY** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **2-14-1931**

17. I HEREBY CERTIFY, That I attended deceased from **2-11-1931**, to **2-14-1931** that I last saw him alive on **2-14-1931**, and that death occurred, on the date stated above, at **6:15 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CHR. MYOCARDITIS (duration) **5** yrs. mos. ds.
CHR. NEPHRITIS (SECONDARY) (duration) **7** yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? **NO** DATE OF **---** WAS THERE AN AUTOPSY? **YES**

WHAT TEST CONFIRMED DIAGNOSIS? **Autopsy - Clinical** (Signed) **Henry C. Hampton, M.D.**

(Address) **2-14-1931 City Hosp. #2**

*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 **Father Dickerson** DATE OF BURIAL **2-18 1931**

20. UNDERTAKER **Watson and Son 2769 Chouteau** ADDRESS

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.

