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.

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

Do not use this space.

39051

File No.

Registered No. 11218

1. PLACE OF DEATH

County

Township

City St. Louis

Registration District No. 781

Primary Registration District No.

(No. Barnard Skin & Cancer Hospital St. Ward)

2. FULL NAME James Truax

(a) Residence. No. 4759 Maffit St., 11 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-19-1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	61	0	17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Stoneworker

(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) Mich.

PARENTS

10. NAME OF FATHER Israel Truax

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

12. MAIDEN NAME OF MOTHER Mary McDermott

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

14. INFORMANT Mrs Annie Truax
(Address) 4759 Maffit St

15. FILED 11-7-1931, 19 Max R. Vanderpool REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-6 1931

17. I HEREBY CERTIFY, That I attended deceased from July 10, 1931, to ~~Oct~~ Nov 6, 1931 that I last saw him alive on Nov 6, 1931, and that death occurred, on the date stated above, at 9 40 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma Tongue + floor of mouth

45 B

45 G

103 B

(duration) — yrs. 6? mos. — ds.

CONTRIBUTORY (SECONDARY) Cerebral edema following ligation of common carotid artery for hemorrhage (duration) — yrs. — mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED —

IF NOT AT PLACE OF DEATH —

DID AN OPERATION PRECEDE DEATH? yes DATE OF 11/5/31

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) F. M. Hedgecock, M. D.

11-6, 1931 (Address) 3427 Washington Ave

*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	DATE OF BURIAL
Calvary	11-9 1931

20. UNDERTAKER	ADDRESS
Arthur J. Donnelly Undco	2039 Wash St