

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

Do not use this space.

6304

1. PLACE OF DEATH

County..... Registration District No. 1797
Township..... Primary Registration District No. 15
City St. Louis (No. 1517 9th 15th)

File No.
Registered No. 1335
St. Ward

2. FULL NAME

Evelyn Trapp
(a) Residence. No. 1517 9th 15th St. 16 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 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 Elmer Trapp

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 19-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 8 21

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

9. BIRTHPLACE (CITY OR TOWN) Grand Tower
(STATE OR COUNTRY) Illinois 2

10. NAME OF FATHER David Borden

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

12. MAIDEN NAME OF MOTHER Emma Bruce

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Grand Tower
(STATE OR COUNTRY) Illinois

14. INFORMANT Elmer Trapp
(Address) 1517 9th 15th St.

15. FILED FEE 10 1932 MISSOURI REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 10 1932

17. I HEREBY CERTIFY, That I attended deceased from 2-9, 1932, to 2-10, 1932 that I last saw her alive on 2-9, 1932 and that death occurred, on the date stated above, at 1:40 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
731

18. WHERE WAS DISEASE CONTRACTED 112 (duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) atherosclerosis (duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 112 (duration) 5 yrs. mos. ds.

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF 0

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) Robert S. Sanders, M. D.
, 19 (Address) 1452 N 15

*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. Matthews Cemetery DATE OF BURIAL Feb 12 1932

20. UNDERTAKER A.W. McLaughlin ADDRESS 1631 Missouri

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.

