

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

Do not use this space.

13884

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 1123
 Township Carondelet Primary Registration District No. 6248
 City Koch Mo (No. _____) St. _____ Ward _____

2. FULL NAME Daniel Tryling
 (a) Residence No. Koch Hosp, Koch Mo Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 0 yrs. 0 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>(?)</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>March 27, 1881</u>		
7. AGE	YEARS <u>51</u>	MONTHS <u>1</u>
	DAY\$ <u>1</u>	If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>nil.</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>✓</u> (c) Name of employer _____		
9. BIRTHPLACE (CITY OR TOWN) <u>(?)</u> (STATE OR COUNTRY) <u>Ohio</u> <u>2</u>		
PARENTS	10. NAME OF FATHER <u>Martin Tryling</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>(?)</u> (STATE OR COUNTRY) <u>Ohio</u>	
	12. MAIDEN NAME OF MOTHER <u>Margaret Dearling</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>(?)</u> (STATE OR COUNTRY) <u>Ohio</u>	
14. INFORMANT <u>Koch Hosp, records</u> (Address) <u>Koch Mo</u>		
15. FILED <u>April 28 1932</u> <u>L.C. Abrock M. D.</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

2
 16. DATE OF DEATH (MONTH, DAY AND YEAR) April 28th 1932
 17. I HEREBY CERTIFY, That I attended deceased from April 6th 1932 to April 28th 1932, that I last saw h. live on April 28th 1932, and that death occurred, on the date stated above, at 11:30 A. M.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
23A (7th Advanced)
93C (duration) 1 yrs. 0 mos. 0 ds.
 CONTRIBUTORY Chronic Myocarditis
 (SECONDARY) (duration) (?) yrs. (?) mos. (?) ds.
 18. WHERE WAS DISEASE CONTRACTED not known
 IF NOT AT PLACE OF DEATH not known
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? X-ray, Sputum, Clinical
 (Signed) Bey Margulies M. D.
4/28. 1932 (Address) Koch Hosp, Koch Mo
 *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 Anatomical Board DATE OF BURIAL 19
 20. UNDERTAKER City of St. Louis ADDRESS

MAY 8 8 1932

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.

WITH UNFADING INK—THIS IS A PERMANENT RECORD

