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.

21423

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 5982

City St Louis (No. City Hospt St. ..... Ward)

2. FULL NAME Gertrude Trimberger

(a) Residence, No. 3118 a Easton av St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Joseph Trimberger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/10/1901

7. AGE YEARS 31 MONTHS 4 DAYS 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2 3 5 A 186 A

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 174 B

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo 824 A

FATHER

13. NAME Henry Buchholz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

MOTHER

15. MAIDEN NAME Anna Weiss

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

17. INFORMANT (ADDRESS) Joseph Trimberger 3118 a Easton

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Peters DATE 6/27 1932

19. UNDERTAKER (ADDRESS) Meek and Dickman 3239 Easton av

20. FILED JUN 27 1932 Max C Starker Registrar. 6/25/32

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from No Physician in Attendance, 19..., to ....., 19...

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:55 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Subarachnoid Hemorrhage	
Fall from Porch	

Other contributory causes of importance: Accident

1860 7

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, ~~suicide, or homicide~~? ..... Date of injury 6-19, 1932

Where did injury occur? St. Louis Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Fall from porch

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. W. Kerner, ~~M. D.~~

(Address) Dep. Coroner