

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

Do not use this space.

33636

1. PLACE OF DEATH

County _____ Registration District No. 200
 Township _____ Primary Registration District No. 1003
 City St. Louis (No. 4232, Atchafalaya Ave) St. _____ Ward _____

File No. _____
 Registered No. 8908
 St. _____ Ward _____

2. FULL NAME

John L Trumpf
 (a) Residence, No. 4232 Atchafalaya St. 10 Ward _____
 (Usual place of abode)

(If nonresident, give city or town and State)

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 Male 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 Louise Trumpf
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15 1864
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 4 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Printing
 10. Date deceased last worked at this occupation (month and year) Oct 1931
 11. Total time (years) spent in this occupation 41

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

13. NAME Geo. Trumpf

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Elizabeth Becker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Louise Trumpf
 (ADDRESS) 4232 Atchafalaya

18. BURIAL, CREMATION, OR REMOVAL PLACE Walsh Hill Cem. DATE Oct. 7 32

19. UNDERTAKER Reiderwider Funeral Home
 (ADDRESS) 1936 St. Louis Ave

20. FILED Oct - 6 1932 Mad G. Stackloff
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 4 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-29, 1931, to 10-4, 1932

I last saw him alive on 9-27, 1932 Death is said to have occurred on the date stated above, at 4:15 PM.

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

Carcinoma Prostate ex- tension into bladder July 1931 metastasis pelvic bones 1931 embolism Coronary Artery 10-4-32

Other contributory causes of importance:

Name of operation Cautery Punch Date of 6-3-32

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) FC Rossermagg M. D.
 (Address) 3945 N 11 at St. Louis Mo

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.

WHITE PAPER, WITH ENLARGING INK—THIS IS A PERMANENT RECORD

