

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

Do not use this space.

**1. PLACE OF DEATH**

92 County St. Charles Registration District No. 757  
Township \_\_\_\_\_ Primary Registration District No. 2636  
City St. Charles (No. 2600 West Clay) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 37631  
Registered No. 199

**2. FULL NAME**

Walter Friedrich Truemp  
(a) Residence, No. 2600 West Clay St. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lillie E. Truemp</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 28 - 1894</u>		
7. AGE	YEARS <u>39</u>	MONTHS <u>4</u>
	DAYS <u>18</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Dr's Salernese</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Traveled</u>	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo</u>		
FATHER	13. NAME <u>John L. Truemp</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Prussia</u>	
MOTHER	15. MAIDEN NAME <u>Louise West</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo</u>	
17. INFORMANT <u>Lillie E. Truemp</u> (ADDRESS) <u>2600 West Clay St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Moscow, Mo</u> DATE <u>Nov 19 1933</u>		
19. UNDERTAKER <u>Stephmann Karal</u> (ADDRESS) <u>1905 Union Blvd</u>		
20. FILED <u>11/17/33</u> BY <u>Clarence B. Hessler</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16 1933

22. I HEREBY CERTIFY, That I attended deceased from October 4, 1933, to Nov 16, 1933  
I last saw him alive on Nov 15, 1933. Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Chc Pulmonary Tbc. Date of onset \_\_\_\_\_

Other contributory causes of importance

Chc myocardial degeneration

23. Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Reg Physical 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 \_\_\_\_\_, 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) B. G. Gossow, M. D.  
(Address) 201 Clay St. St. Louis, Mo.

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.

JAN 4 1934

$$\begin{array}{r} 30 \\ 1933 - 11 - 16 \\ 1894 - 6 - 28 \\ \hline 139 - 4 - 18 \end{array}$$