

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

Do not use this space.

**1. PLACE OF DEATH**

County St. Louis  
Township Bonhomme  
City Kirkwood Mo (No. 201 N. Dickson)

Registration District No. 785  
Primary Registration District No. 3037

File No. 14078  
Registered No. 87  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Caroline Trutrop

(a) Residence, No. 201 N. Dickson 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frederick Trutrop

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-18-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
73 4 24

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.

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

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

13. NAME Louis H. Kalkamp

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

15. MAIDEN NAME Caroline Schaefer

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

17. INFORMANT Mrs. A. H. Sullivan  
(ADDRESS) 201 N. Dickson ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters DATE 4-11-1934

19. UNDERTAKER Louis H. Bopp  
(ADDRESS) Kirkwood

20. FILED 4-3, 1934 Arable J. Mohr  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-2-1934

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1934 to \_\_\_\_\_, 1934

I last saw her alive on 4-1-34 Death is said to have occurred on the date stated above, at 6:30 A.M.

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

Chronic myocarditis Date of onset 1931

Other contributory causes of importance:

arteriosclerosis 1930

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 \_\_\_\_\_, 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) C. E. Barrett M. P.  
(Address) 209 S. Woodliff / Kirkwood

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.

APR 25 1934

