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 13 1936

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

Do not use this space.

41650

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 10894

Township ..... Primary Registration District No. 1003 Registered No. 10894

City St. Louis (No. Deaconess Hospital St. ..... Ward)

2. FULL NAME Edward H. Trampe

(a) Residence, No. 4901 Penrose St. St., 7 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 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 Carrie L. Trampe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 26, 1874

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
61	8	27	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building

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) St. Louis, Mo.

FATHER

13. NAME Frederick Trampe

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Oliver F. Trampe 4901 Penrose St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hiram Cemetery DATE Dec. 27, 1935.

19. UNDERTAKER (ADDRESS) Wm. F. Paschedag 2825 N. Grand Blvd.

20. FILED DEC 24 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 23, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1935, to Dec 23, 1935.

I last saw him alive on Dec 23, 1936. Death is said to have occurred on the date stated above, at 5:40A m.

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

Uremic Poison

Results of non Calculous Non Tuberculous Pyonephritis

Other contributory causes of importance:

Arteriosclerosis, pyonephritis

Date of onset

Name of operation none Date of

What test confirmed diagnosis? Clinical & 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? .....

If so, specify .....

(Signed) P B Cappel, M. D.

(Address) 3239 Brantner