

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

Do not use this space.

DEC 3 1936

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City..... St. Louis, Mo. (No. 4154 Green Lea Place. St. \_\_\_\_\_ Ward)

42830

File No. \_\_\_\_\_  
 Registered No. 11387

**2. FULL NAME**

Melvina Trimp

(a) Residence, No. 4154 Green Lea Place. 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 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 John A. Trimp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21st, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
86 4 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home  
 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) Cleveland, Ohio

13. NAME James Maxwell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.

15. MAIDEN NAME Adeline Pauline

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.

17. INFORMANT John A. Trimp.  
 (ADDRESS) 4154 Green Lea Place

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens Cem. DATE Nov. 17th 36

19. UNDERTAKER (ADDRESS) Hy. Reider, Undertaker, 1417 N. Market St.

20. FILED NOV 16 1936 J. P. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1936, to Nov 13, 1936

I last saw her alive on Nov 13, 1936. Death is said to have occurred on the date stated above, at 5:25 a.m.

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

Terminal Bronchopneumonia  
930  
 Other contributory causes of importance:  
pulmonary asthma ?  
chronic myocarditis ?  
generalized arteriosclerosis ?

Date of onset 11/12/36

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) John J. Blasko, M. D.  
 (Address) 3908 Jex Ave

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.

