

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

Do not use this space.

**FEB 8 1937**

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1. PLACE OF DEATH  
 County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis, Mo.** (No. **6840**, **Bradley Avenue** 2. St. **505** Ward)

2. FULL NAME **Mr. Frederick Trapp**  
 (a) Residence, No. **6840 Bradley Avenue** St. **3** Ward. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred **43** yrs. - mos. **6** 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 **Mrs. Lydia Trapp**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **January 5, 1894**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**43** - **6**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Printer - Foreman** 53

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

10. Date deceased last worked at this occupation (month and year) **Jan. 2, 1937** 11. Total time (years) spent in this occupation **20 yrs.**

12. BIRTHPLACE (CITY OR TOWN) **St. Louis, Missouri** (STATE OR COUNTRY)

13. NAME **William Trapp**

14. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY) 10

15. MAIDEN NAME **Julia Grass**

16. BIRTHPLACE (CITY OR TOWN) **Missouri** (STATE OR COUNTRY)

17. INFORMANT **Mrs. Lydia Trapp** (ADDRESS) **6840 Bradley Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Cemetery** DATE **Jan. 13, 1937**

19. UNDERTAKER **Beiderwieden Funeral Home, Inc.** (ADDRESS) **1936 St. Louis Avenue**

20. FILED **1937** **J. Bredeck** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **January 11, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **January 3<sup>rd</sup>, 1937**, to **January 10<sup>th</sup>, 1937**  
 I last saw him alive on **January 10<sup>th</sup>, 1937**. Death is said to have occurred on the date stated above, at **3:15 A.M.**  
 The principal cause of death and related causes of importance were as follows:

**Pneumonia Acute Labor** Date of onset **Jan 5<sup>th</sup>**  
**108**  
 Other contributory causes of importance:  
**Paralytic Ileus** Jan 10<sup>th</sup>  
**Acute Dilatation of Stomach** Jan 10<sup>th</sup>

Name of operation..... Date of.....  
 What test confirmed diagnosis? **Microscopic** 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) **Arnold Splein I., M. D.**  
 (Address) **1663 Magnolia**

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.

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