

REC'D AUG 8 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH 399

24197

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson
 (b) Township Kaw
 (c) City K. C. Mo.
 (e) Length of residence in city or town where death occurred

Registration District No. 1002
 Primary Registration District No. St. Josephs Hospital
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (f) How long in U. S. if of foreign birth? yrs. mos. ds.

Registered No. 2702

2. PRINT FULL NAME

Mrs. Caroline Trautwein
 (a) Residence, No. 3236 East 30th St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Trautwein

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 10, 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 3 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as 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) Copenhagen, Denmark

FATHER 13. NAME Karl August Eimert
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Carolina Schmidt
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark

17. INFORMANT Stella Trautwein
 (ADDRESS) 3236 East 30th

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn, KCK DATE July 5, 1938

19. FUNERAL DIRECTOR (NAME) Wagner Funeral Home
 (ADDRESS)

20. FILED 7-5-38 M. M. Crowe, Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1938

22. I HEREBY CERTIFY That I attended deceased from June 27, 1938 to July 2, 1938
 Last saw her alive on July 2, 1938. Death is said to have occurred on the date stated above, at 12:15 PM
 The principal cause of death and related causes of importance were as follows:

Cerebral Concussion (Accidental - Fall on basement stairs)
 Date of onset 6/27/38

Other contributory causes of importance:
Arterio Sclerosis

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? Accident Date of injury 6/27, 1938
 Where did injury occur? Nassau Bldg, Mo 27
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
Home - Fall on basement stairs

Manner of injury Fall on basement stairs
 Nature of injury Concussion of brain

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify

(Signed) W. H. Bentley, M. D.

(Address) 832 Argyle Bldg - KCK Mo

Dr. Remley,

Argyle

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.