

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

37867  
 Do not use this space.

REC'D DEC 12 1938

**1. PLACE OF DEATH**

(a) County..... 2 Registration District No..... **791**  
 (b) Township..... 1 Primary Registration District No..... **1008**  
 (c) City **St. Louis** (d) Street No. **3835** **Humphrey** St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **10194**

**2. PRINT FULL NAME** **616 Charles S. Traber**

(a) Residence, No. **3835 Humphrey** St. **16** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 28 1938**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
 ----- 5 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Infant**  
 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) **St. Louis**  
 (STATE OR COUNTRY) **Mo.**

FATHER 13. NAME **Charles T. Traber**

14. BIRTHPLACE (CITY OR TOWN) **St. Louis**  
 (STATE OR COUNTRY) **Mo.**

MOTHER 15. MAIDEN NAME **Dorothea Spiro**

16. BIRTHPLACE (CITY OR TOWN) **St. Louis**  
 (STATE OR COUNTRY) **Mo.**

17. INFORMANT **Charles Traber**  
 (ADDRESS) **3835 Humphrey**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Cem.** DATE **Nov 25 38**

19. FUNERAL DIRECTOR (NAME) **Schumacher Und Co.**  
 (ADDRESS) **3013 Meramec St.**

20. FILED **NOV 24 1938** **J. T. Bredeck** Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov 22 1938**

22. I HEREBY CERTIFY, That I attended deceased from **May 28 38**, to **Nov 22 38**.

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at **9.00 P.M.**

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

**Amyotonia Congenita**  
**(a congenital nerve defect)**

Date of onset

Other contributory causes of importance: **Acute Bronchitis**

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?.....

If so, specify (Signed) **J. Bernard**, M. D.

(Address) **3115 So Grand**

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.

**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, .....

*George DeLambert* ....., or by .....

Registered Apprentice No. ...., working under my personal supervision

Signed *George DeLambert* .....

Licensed Embalmer No. *2906* .....

P. O. Address *3013 Main* .....

**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.**