DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23656

AUG 11 1939

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 5929

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4½ Hours. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town Saint Louis 24
(If outside city or town limits, write "RURAL")

(d) Street No. 2913 Cherokee Street.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Andrew J. Trapp Jr. 610

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ethel

6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased May (Month) 22 (Day) 1914. (Year)

8. AGE: Years 25 Months 1 Days 12 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri. (State or foreign country) 0

10. Usual occupation W. P. A. FORE MAN 0

11. Industry or business

FATHER
12. Name Andrew J. Trapp Sr. 0
13. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ella Pesick
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ethel Trapp
(b) Address 2913 Cherokee Street.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-39 (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn cem July 6th 1939

18. (a) Signature of funeral director Wegerheim Bros.
(b) Address 2623 Cherokee Street.

19. (a) JUL 5 1939 (Date received local registrar) (b) J. F. Bridick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th year 1939 hour 1-25 minute A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Lysol Poisoning self administered on or about July 3rd, 1939 — Duration

Due to exact time & place unknown

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at (e) Means of injury

23. Signature Joseph M Lucas (M. D. or other)
Address Deputy Coroner Date signed 7/6

(Licensed Embalmer's Statement on Reverse Side)

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, or by

Vearl E. Morris., Registered Apprentice No.

working under my personal supervision.

Signed V E Morris

Licensed Embalmer No. #3360

P. O. Address St Louis, M

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

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