

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

REV. 3-17-39 I 119311

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SEP 14 1939

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

27567

Registration District No.

791
1003

Primary Registration District No.

Registrar's No.

7067

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Fulton Hotel 4489 Olive St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Harry W. Trimp 651

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alice Trimp 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased September 29, 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>10</u>	<u>14</u>	hr. _____ min.

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

10. Usual occupation Instructor of Dancing

11. Industry or business _____

12. Name John Trimp

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Emily Urban

15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature M. Harold Trimp

(b) Address 5894 Clemens Ave.

17. (a) Burial (b) Date thereof Aug. 15, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Yokhella Cem.

18. (a) Signature of funeral director Charles Brown Funeral Home

(b) Address 4911 Washington Bl.

19. (a) AUG 15 1939 (b) _____
(Date received local Registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 19
(If outside city or town limits, write "RURAL")
(d) Street No. 4489 Olive St.
(If rural, give location) _____
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 12
year 1939 hour 5 minute _____ A. M.

21. I hereby certify that I attended the deceased from 1937
_____, 19____, to Aug 12, 1939
that I last saw him alive on Aug 1, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 8-12-39
Coronary Disease 8-1-38

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work _____ (Specify type of place) (e) Manner of injury _____

23. Signature Peter Blady (M. D. or other) _____

Address Peter Blady Date signed 8/14/39

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.....
Thomas R. Fenwick

Licensed Embalmer No.....
3793

P. O. Address.....
St. Louis, Mo

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.