

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **26196**Registration District No. **780**Primary Registration District No. **6025**Registrar's No. **31**

1. PLACE OF DEATH:

- (a) County St. Genevieve / 11
 (b) City or town RURAL / 11
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 1 year _____ (Specify whether _____)
years, months or days3. (a) PRINT FULL NAME JOHN TRAUTMAN 635

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased Oct 22 1875
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
64 8 13 hr. min.9. Birthplace St. Mary's Mo
(City, town, or county) (State or foreign country)10. Usual occupation Laborer (General)11. Industry or business D12. Name Anton Trautman13. Birthplace St. Genevieve Co Mo
(City, town, or county) (State or foreign country)14. Maiden name Anna Wallas15. Birthplace St. Genevieve Co Mo
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Josephine Pal...
(b) Address St. Genevieve Mo17. (a) Burial (b) Date thereof July-7-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Genevieve Mo18. (a) Signature of funeral director W. C. Parker
(b) Address St. Genevieve Mo19. (a) July 6/40 (b) T. W. Douglas
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Genevieve(c) City or town Rural
(If outside city or town limits, write "RURAL")(d) Street No. 0 (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1940 hour _____ minute 34 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.Immediate cause of death Acute Myo. Condition
(Necrosis of lung) Duration _____

Due to _____

Due to _____

Other conditions None
(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? Yes
While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature W. C. Parker (Coroner) (M. D. or other) _____Address St. Genevieve Mo Date signed 7/6/40

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.....

Lee C. Basler....., Registered Apprentice No.....
working under my personal supervision.

Signed *Lee C. Basler*.....

Licensed Embalmer No. *1985*.....

P. O. Address *St. Lawrence Co.*.....

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.