No. 2
11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30824
8101

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Overland NR (If outside city or town limits, write "RURAL")
(d) Street No. 9249 Argyle Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME STELLA TRACHSEL
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Otto Trachsel
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. 6 1888 (Month) (Day) (Year)

8. AGE: Years 52 Months 7 Days 21 If less than one day hr. min.

9. Birthplace Russellville Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Aug. Schenewerk
13. Birthplace California Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Minnie Graeser
15. Birthplace California Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Margaret Ophus
(b) Address 9249 Argyle Overland, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-30-40 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Lebanon
18. (a) Signature of funeral director Baumann Bros Inc
(b) Address 2504 Woodson Rd. Overland, Mo
19. (a) SEP 29 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep. day 27 year 1940 hour 2 minute 01 P M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw her alive on September 27, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ac Myocardial failure	9/27/40
Chr. Interstitial nephritis	9/25/40
Due to Carcinoma of Rt side of abdomen, extension	1 yr
Due to Carcinoma of Cervix & uterus Primary	1 yr
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Cancer of uterus and cervix uteri
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 work? (e) Means of injury

23. Signature S. H. Pranger (M. D. or other) MD
Address 4952 Maryland Date signed 9/29/40

(Licensed Embalmer's Statement on Reverse Side)

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. Gustave R. Baumann

Licensed Embalmer No. 2315

P. O. Address. Overland, Mo

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

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