

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33035

Registration District No. 780

Primary Registration District No. 222

Registrar's No. 77

1. PLACE OF DEATH:
(a) County St. Genevieve
(b) City or town St. Genevieve
(If outside city or town limits, write "RURAL" and name of township)
St. Genevieve County Home
(If not in hospital or institution, write street number or location) 3
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Genevieve
(c) City or town St. Genevieve, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. County Farm
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME LUTHER TRASTER
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 single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 15 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 3 13 hr. _____ min.

9. Birthplace St. Genevieve Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____
MOTHER FATHER { 12. Name George Traster
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Amanda Traster
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature County Home Records
(b) Address St. Genevieve Mo
17. (a) Burial (b) Date thereof Sept 29-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Genevieve Mo
18. (a) Signature of funeral director Geo. L. Basher
(b) Address St. Genevieve Mo
19. (a) Sept 29/40 (b) T. W. Douglas
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 28
year 1940 hour 6 minute A. M.
21. I hereby certify that I attended the deceased from June 4, 1940, to 9-28, 1940
that I last saw him alive on Sept 26, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of heart Duration 2 hrs.
Due to Chronic myocarditis

Due to _____
Other conditions Chronic Crystalline Rheumatism
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy None
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? _____
While at work? _____ (Specify type of place) Means of injury _____
23. Signature Robert F. Lanning (M. D. or other) 1/29/40
Address St. Genevieve, Mo Date signed 1/29/40

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

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.....

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

Signed *Les C. Basler*.....

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

P. O. Address *St. Genevieve 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.