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S. No. 2  
1-1-4-41  
7. 5-17-39

I X28390

FILED MAY 13 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **13003**  
Registrar's No. **3433**

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St. Louis City Hospital #1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **5 Days**  
(Specify whether  
In this community **3 months**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **19 so. Maple Avenue**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Baby Trunk**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **April** day **20**,  
year **1941** hour **9:20** minute **A.** M.  
21. I hereby certify that I attended the deceased from **April 16**, 19**41** to **April 20**, 19**41**  
that I last saw her **er** alive on **April 20**, 19**41**  
and that death occurred on the date and hour stated above.

4. Sex **female** 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 **January 18, 1941**  
(Month) (Day) (Year)

Immediate cause of death **Prematurity** Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years **0** Months **3** Days **2** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **St. Louis, Missouri** (City, town, or county) (State or foreign country)  
10. Usual occupation **Infant**

11. Industry or business \_\_\_\_\_  
12. Name **John Trunk**  
13. Birthplace **DeSoto, Missouri** (City, town, or county) (State or foreign country)  
14. Maiden name **Cora Haverstick**  
15. Birthplace **DeSoto, Missouri** (City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant **John Trunk**  
(b) Address **19 so Maple St**  
17. (a) **burial** (b) Date thereof **April 22-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **DeSoto, Missouri**  
18. (a) Signature of funeral director **M. M. Karl**  
(b) Address **2301 Lafayette Ave**  
19. (a) **APP 21 1941** (b) **J. M. Walck**  
(Date received local Registrar) (Registrar's signature)

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? \_\_\_\_\_ (s) Means of injury \_\_\_\_\_  
23. Signature **M. M. Karl** (M. D. or other) **0**  
Address **1515 Lafayette Avenue** Date signed **4/21/41**

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

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**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 Paul A. Keith  
Licensed Embalmer No. 3612  
P. O. Address 2317 Lafayette

**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, fact should be so stated above.**