

FILED JUL 9 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22382

Registration District No. 769

Primary Registration District No. 5877

Registrar's No.

1. PLACE OF DEATH:

(a) County Perry
 (b) City or town 'Rural' Union Twp.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Biehle, Mo. Route #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether
 In this community Life
 years, months or days)

3. (a) PRINT

FULL NAME Wilhelmenia Trapp

3. (b) If veteran,

name war _____

3. (c) Social Security

No. None

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 Dec. 31, 1864
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 5 19 _____ hr. _____ min.

9. Birthplace Perry County, Mo. 0
 (City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business _____

MOTHER FATHER { 12. Name Ignatius Trapp
 13. Birthplace Germany 4
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Schott
 15. Birthplace Pittsburg, Penn.
 (City, town, or county) (State or foreign country)

16. (a) Informant Edw. A. Amshler
 (b) Address Biehle R. 1. Mo.

17. (a) Burial (b) Date thereof June 21, 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Schnurbusch, Mo.

18. (a) Signature of funeral director Bay Funeral Home
 (b) Address Perryville, Mo.

19. (a) June 20/41 (b) Ben Halter
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 79
 (c) City or town 'Rural' Union Twp. 0
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. Biehle, Mo. Route #1
 (If rural, give location) 0
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
 year 1941 hour 1:30 minute A.M.

21. I hereby certify that I attended the deceased from
April 25, 1940, to June 20, 1941;
 that I last saw her alive on June 18, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion 1 day
 Duration

Due to arteriosclerosis 2 yrs.
Coronary occlusion 11

Due to chronic myocarditis
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations 93H
 Of autopsy _____

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

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

23. Signature Oscar Ocaron (M. D. or other) _____
 Address Perryville, Missouri Date signed 6/20/41

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Le Roy J. Schindler

Licensed Embalmer No. 4175

P. O. Address Perryville, Mo.

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

If this body is not embalmed, fact should be so stated above.